

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American College of Cardiology Political Action Committee

ADDRESS (number and street) 2400 N St NW
 Check if different than previously reported. (ACC)
Washington DC 20037-1153

2. **FEC IDENTIFICATION NUMBER** C00375360
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Carlton G. Davids

Signature of Treasurer Electronically Filed by Carlton G. Davids Date 04 20 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		210549.96
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	254294.13									
(c) Total Receipts (from Line 19)	141746.45	215487.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	396040.58	426037.17								
7. Total Disbursements (from Line 31)	86875.60	116872.19								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	309164.98	309164.98								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	120397.35	178229.35
(ii) Unitemized	19319.19	33797.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)	139716.54	212027.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	139716.54	212027.20
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	2029.91	3460.01
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	141746.45	215487.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	141746.45	215487.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2375.60	3907.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2375.60	3907.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	84500.00	112500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	465.05
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	465.05
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	86875.60	116872.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86875.60	116872.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	139716.54	212027.20
34. Total Contribution Refunds (from Line 28(d))	0.00	465.05
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	139716.54	211562.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2375.60	3907.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	2029.91	3460.01
38. Net Operating Expenditures (subtract Line 37 from Line 36)	345.69	447.13

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Michael Adjei-Poku, M.B., Ch.B	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 10033 Morgan Grove Way	Transaction ID: 3666B6119E1D6A93E51
	City State Zip Code Sandy UT 84092-4446	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Anwar Ahmad, M.B.B.S.,	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 1801 S Florey Avenue	Transaction ID: 2B2B0FF54F92F827519
	City State Zip Code Mount Pleasant TX 75455-5929	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Syed Nasim Ahmed, M.B.B.S.,	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 2809 Essie Way	Transaction ID: EACE68180A0504B9881
	City State Zip Code Modesto CA 95355-8725	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Gould Medical Foundation Inc Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Jay H. Alexander, M.D., F.A.

Mailing Address 2256 Carlyle Court

City State Zip Code
Buffalo Grove IL 60089-4695

FEC ID number of contributing federal political committee. C

Name of Employer: North Shore Cardiologists, SC
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY
03 / 30 / 2010

Transaction ID: 42F0A5896F35DC19CBC3

Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Ralph G. Althouse, B.M., B.Ch

Mailing Address 7320 216th Avenue Southwest Suite

City State Zip Code
Edmonds WA 98026-8006

FEC ID number of contributing federal political committee. C

Name of Employer: Stevens Cardiology Group Swedish Heart
Occupation: INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 24 / 2010

Transaction ID: 20100325-32-10-33

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Hiral N. Amin, M.D., F.A.

Mailing Address 112 Echo Valley Road

City State Zip Code
Red Hook NY 12571-2306

FEC ID number of contributing federal political committee. C

Name of Employer: Self-Employed
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 637E62429F3911A7774

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Stephen J. Angeli, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 19 Timberline Road		Transaction ID: 3D4501261FEDCFD6A56		
	City Ho Ho Kus	State NJ	Zip Code 07423-1716	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Richard A. Ansinelli, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 301 Turnberry Point		Transaction ID: CDC87E131F62AAA2ED1		
	City Barboursville	State WV	Zip Code 25504-1948	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cumberland Cardiology	Occupation INTERVENTIONAL CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Anthony R. Arn, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 331 Glen Arbor Street		Transaction ID: 1D0063CACC830B63C90		
	City Belmont	State NC	Zip Code 28012-3761	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MidCarolina Cardiology	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Cindy M. Baker, M.D., F.A.

Mailing Address 1420 Wingate Drive

City State Zip Code
Delaware OH 43015-9200

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Smith Clinic INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2010

Transaction ID: 158190203E18A0F9D61

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Amol S. Bapat, M.D., F.A.

Mailing Address 195 Sherwood Pass

City State Zip Code
Roswell GA 30075-6858

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cardiovascular Physicians of North Atl INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2010

Transaction ID: D8815AC46C6223EF621

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Maria H. Bartlett, M.D., F.A.

Mailing Address 2064 Vineville Avenue

City State Zip Code
Macon GA 31204-3140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Heart of Georgia Cardiology ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2010

Transaction ID: B294DA894B8220B0CD7

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dilip K. Basu, M.B.B.S.,

Mailing Address 1825 Devondale Circle

City Charleston State WV Zip Code 25314-2205

FEC ID number of contributing federal political committee. **C**

Name of Employer Charleston Heart Specialists Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 03 / 11 / 2010

Transaction ID: F14BF6F1A8B23FCD4FC

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Eric R. Bates, M.D., F.A.

Mailing Address 840 Cherrystone Court

City Ann Arbor State MI Zip Code 48105-3038

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Michigan Hospitals and H Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt MM / DD / YYYY 03 / 13 / 2010

Transaction ID: 4189A84932A4C3D8133E

Amount of Each Receipt this Period 84.00

C.

Full Name (Last, First, Middle Initial)
Louis L. Battey, Jr., M.D.,

Mailing Address 1076 Brookhaven Square

City Atlanta State GA Zip Code 30319-2878

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt MM / DD / YYYY 03 / 11 / 2010

Transaction ID: FC0111E3594CF61D3E5

Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ► **1084.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dennis J. Battock, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 6 Silver Fox Drive		Transaction ID: 6FA1156C19CB56EEB95		
	City Littleton	State CO	Zip Code 80121-2126	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Colorado Heart Institute		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Jennifer Ray Beckman, CAE, MBA		Date of Receipt MM / DD / YYYY 03 / 18 / 2010		
	Mailing Address 3208 East Colonial Drive Suite 264		Transaction ID: 03F2E95230417520243		
	City Orlando	State FL	Zip Code 32803-5127	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Florida Chapter, American College of C		Occupation ADMINISTRATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) J. William Bengte, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 04 / 2010		
	Mailing Address 1320 Kennicott Drive		Transaction ID: 9CF445A24887C300029		
	City Lake Forest	State IL	Zip Code 60045-1552	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lake Heart Specialists		Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Neil Jeffrey Berman, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 4 Woods End Gatewood Drive	Transaction ID: 492D678E649A453AF5D
	City State Zip Code Needham MA 02492	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Marc Bernstein, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 6013 Tchoupitoulas Street	Transaction ID: 18BB7D6C6AD0F668013
	City State Zip Code New Orleans LA 70118-5742	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Mark G. Berry, D.O., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 1987 Nicole Road	Transaction ID: 02B389A5781ED8C5DCC
	City State Zip Code Fort Dodge IA 50501-8727	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Iowa Heart Center @ Fort Dodge, PC Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Brian C. Bigelow, M.D.
Mailing Address 4462 N Delaware Street
City Indianapolis State IN Zip Code 46205-1718
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 03 / 11 / 2010
Transaction ID: C4B05A03D4E1D52D84E
Amount of Each Receipt this Period: 250.00

Name of Employer: Beth Isreal Deaconess Medical Ctrharva
Occupation: INTERVENTIONAL CARDIOLOGY
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

B. Full Name (Last, First, Middle Initial)
Seth D. Bilazarian, M.D., F.A.
Mailing Address 1 Park Way Cardiology Suite
City Haverhill State MA Zip Code 01810
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 03 / 18 / 2010
Transaction ID: E81FD05A9795DA6BAA0
Amount of Each Receipt this Period: 500.00

Name of Employer: Pentucket Medical Associa-tes
Occupation: INTERVENTIONAL CARDIOLOGY
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

C. Full Name (Last, First, Middle Initial)
Neville Bittar, M.D., F.A.
Mailing Address 6300 Enterprise Lane, #201
City Madison State WI Zip Code 53719-1193
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 03 / 03 / 2010
Transaction ID: 1ED98FF0F149BD5ED6E
Amount of Each Receipt this Period: 365.00

Name of Employer: Gemini Scientific
Occupation: ADULT CARDIOLOGY
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 365.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
James A. Blake, M.D., F.A.
Mailing Address 732 Elm Terrace

City State Zip Code
Franklin Lakes NJ 07417

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2010

Transaction ID: F05AB7B9-05B1-4DF4-
Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
Michael N. Boriss, D.O., F.A.
Mailing Address 1002 Willets Road

City State Zip Code
Marmora NJ 08223-1001

FEC ID number of contributing federal political committee. **C**

Name of Employer Regional Heart and Lung Associates
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 7058B0B503BCCDBD2A
Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Alfred A. Bove, M.D., Ph.D.
Mailing Address 110 Anton Road

City State Zip Code
Wynnewood PA 19096-1226

FEC ID number of contributing federal political committee. **C**

Name of Employer Temple University Hospital
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: 9021F495CEE4FC85AB7
Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional) ► **1850.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Alberto A. Brizolaro, M.D., F.A.

Mailing Address 1380 East Medical Center Drive
Suite 1500

City State Zip Code
Saint George UT 84790-2128

FEC ID number of contributing federal political committee. **C**

Name of Employer Southwest Cardiology Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: 3A17DA30FFF6023B4FD

Amount of Each Receipt this Period
750.00

B.

Full Name (Last, First, Middle Initial)
Alan S. Brown, M.D., F.A.

Mailing Address 1912 Alta Vista Court

City State Zip Code
Naperville IL 60563

FEC ID number of contributing federal political committee. **C**

Name of Employer Midwest Heart Specialists-Edward Heart Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: 459E86003CE3A31BBFE0

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Vincent J. Bufalino, M.D., F.A.

Mailing Address 583 Hill Avenue

City State Zip Code
Glen Ellyn IL 60137-5033

FEC ID number of contributing federal political committee. **C**

Name of Employer Midwest Heart Specialists-Edward Heart Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2010

Transaction ID: 20100325-28-10-33

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Juan J. Cabanero, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 4503 Stone Post Court	Transaction ID: 17DD68E35B257F29F35
	City State Zip Code Seneca SC 29678-1655	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Lee D. Cady, Jr., M.D.,	Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address 2737 E Arizona Biltmore Circle 30	Transaction ID: 46D3ACD664F36912E9E
	City State Zip Code Phoenix AZ 85016-2170	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Samuel S. Chan, M.B.B.S.,	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 196 Canal Street Sixth Floor	Transaction ID: B40FD566027C481D04D
	City State Zip Code New York NY 10013-4516	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1105.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mark J. Charlamb, M.D., F.A.

Mailing Address 5616 Muscovy Lane

City State Zip Code
Manlius NY 13104-9613

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 585C043A988243B6D79

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Hollace D. Chastain, II, M.D.,

Mailing Address 1819 Breamar Drive

City State Zip Code
Fort Wayne IN 46814-9364

FEC ID number of contributing federal political committee. **C**

Name of Employer Fort Wayne Cardiology Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: 422B9CE906CD38A65AEE

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
David J. Cislowski, M.D., F.A.

Mailing Address 609 W Acequia Suite A

City State Zip Code
Visalia CA 93291-6166

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: 25BE328DB1384C9A802

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **715.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
David J. Clardy, M.D., F.A.

Mailing Address 801 Broadway N

City State Zip Code
Fargo ND 58102-3641

FEC ID number of contributing federal political committee. **C**

Name of Employer Meritcare Medical Center Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: 462A8C255A7BBF02205A

Amount of Each Receipt this Period
84.00

B. Full Name (Last, First, Middle Initial)
Ronald A. Cohen, D.O., F.A.

Mailing Address 305 Cypress Street

City State Zip Code
Philadelphia PA 19106-4204

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: D0284BA549CDF1C815F

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Paul G. Colavita, M.D., F.A.

Mailing Address 2501 Sedley Road

City State Zip Code
Charlotte NC 28211-3658

FEC ID number of contributing federal political committee. **C**

Name of Employer Sanger Clinic, PA Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: 6FE77751D105D6FCAB2

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1334.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 98
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Lianna S. Collinge, CAE

Mailing Address 4014 88th Avenue Northwest

City State Zip Code
Gig Harbor WA 98335-6157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Washington Chapter of the ACC Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2010

Transaction ID: 488CBFDF7E0948215E39

Amount of Each Receipt this Period
85.00

B.

Full Name (Last, First, Middle Initial)
Tyrone J. Collins, M.D., F.A.

Mailing Address 6047 Coliseum Street

City State Zip Code
New Orleans LA 70118-5925

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 7ACD4484952B33D4096

Amount of Each Receipt this Period
375.00

C.

Full Name (Last, First, Middle Initial)
Steven D. Correa, M.D., F.A.

Mailing Address 980 Washburn Lane

City State Zip Code
Medford OR 97501-2052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: 9138EC7516C7385A44F

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **825.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) George H. Crossley, III, M.D.,		Date of Receipt	
	Mailing Address 276 Stratton Court		M M / D D / Y Y Y Y Y 03 / 09 / 2010	
	City	State	Zip Code	Transaction ID: 460D8D4C735CAE97D058
	Brentwood	TN	37027-4228	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		167.00		
Name of Employer St. Thomas Heart		Occupation ELECTROPHYSIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 501.00		

B.	Full Name (Last, First, Middle Initial) Edouard Daher, M.D., F.A.		Date of Receipt	
	Mailing Address 205 Charrington Court		M M / D D / Y Y Y Y Y 03 / 11 / 2010	
	City	State	Zip Code	Transaction ID: ABE3C1DAFDC5F393727
	Franklin	MI	48025-5617	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Eastlake Cardiovascular Associates		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Michael I. Dangovian, D.O., F.A.		Date of Receipt	
	Mailing Address 39292 Dequindre #103		M M / D D / Y Y Y Y Y 03 / 11 / 2010	
	City	State	Zip Code	Transaction ID: 6F71B9F8F97E76CA056
	Sterling Heights	MI	48310-1768	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	667.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 98
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Steven D. Datorre, M.D., F.A.
 Mailing Address 210 West Atlantic Avenue
 City State Zip Code
 Haddon Heights NJ 08035-1715
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 11 / 2010
Transaction ID: 889F55C8A20EDA9BDFD
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiovascular Associates of The Delaw
 Occupation ADULT CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

B. Full Name (Last, First, Middle Initial)
Dominic De Cristofaro, M.D., F.A.
 Mailing Address 1045 Atlantic Avenue #912
 City State Zip Code
 Long Beach CA 90813-3410
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 11 / 2010
Transaction ID: 42AAF88AE65B4003294
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation ADULT CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
Gregory J. Dehmer, M.D., F.A.
 Mailing Address 3214 River Place Drive
 City State Zip Code
 Belton TX 76513-1016
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 11 / 2010
Transaction ID: 9B1B2DE6F5B6FB76B13
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott & White ClinicCardiology Divisio
 Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Richard A. Dickstein, M.D., F.A.

Mailing Address Route 70 and I295 Mark 70 Stes 104

City State Zip Code
Cherry Hill NJ 08034

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: DC7EDA4508F2F8AED78

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ozgen M. Dogan, M.D., F.A.

Mailing Address 3 Sharon Lane

City State Zip Code
Rye NY 10580-1530

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbia University New York Presbyter Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: 4D19BF92A9207055F38

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Pamela S. Douglas, M.D., M.A.

Mailing Address 4663 Mount Sinai Road

City State Zip Code
Durham NC 27705-8082

FEC ID number of contributing federal political committee. **C**

Name of Employer Duke University Medical Center Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: C2D835AA2018868EA03

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) James T. Dove, M.D., M.A.	Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address #7 East Shore Lane	Transaction ID: C5117CF901B007D520E
	City State Zip Code Springfield IL 62712-8919	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Prairie Cardiovascular Consultants, Lt	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) William E. Downey, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address 1001 Blythe Boulevard Suite 300	Transaction ID: BF27EC1789434F19659
	City State Zip Code Charlotte NC 28203-5863	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Sanger Clinic PA	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Thomas J. Doyle, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 28 / 2010
	Mailing Address 7700 Southwest Indian Woods Place	Transaction ID: 72D1C42E-2756-4679-
	City State Zip Code Topeka KS 66615-1420	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mark R. Edelstein, M.D., F.A.

Mailing Address 1999 Sproul Road Suite 21

City State Zip Code
Broomall PA 19008-3508

FEC ID number of contributing federal political committee. **C**

Name of Employer Delaware County Medical Center
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 113632B8B35FF785ECC

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Cesar A. Egoavil, M.D., F.A.

Mailing Address 2727 Lansdowne Lane

City State Zip Code
Atlanta GA 30339-4618

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardiovascular Medicine
Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 2FE5AD2194B67D05301

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Peter J. Epstein, M.D., F.A.

Mailing Address 3 Clover Drive

City State Zip Code
Great Neck NY 11021-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Brookdale Hospital Medical Ctr
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: D0DAB32DF9C2F186B94

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 98
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Chester J. Falterman, M.D., F.A.
 Mailing Address 1458 Avellino Circle
 City Murfreesboro State TN Zip Code 37130-7608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99
 Date of Receipt 03 / 25 / 2010
Transaction ID: 4B508913AC638BB04505
 Amount of Each Receipt this Period 83.33

B. Full Name (Last, First, Middle Initial)
Jane-Iris R. Farhi, M.D., F.A.
 Mailing Address 1075 Park Avenue
 City New York State NY Zip Code 10128-1003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00
 Date of Receipt 03 / 04 / 2010
Transaction ID: OCD2120DFB41B5E9D7A
 Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
James W. Fasules, M.D., F.A.
 Mailing Address 6 Cascades Drive
 City Little Rock State AR Zip Code 72212-3306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American College of Cardiology Occupation PEDIATRIC CARD.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00
 Date of Receipt 03 / 06 / 2010
Transaction ID: 4C1DAA34E71344C67DCB
 Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional) ► 532.33
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Gregory P. Fazio, M.D., F.A.

Mailing Address 500 Shady Dell Road

City York State PA Zip Code 17403-4426

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardiac Diagnostics Assoc. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2010
Transaction ID: B6775070E8C1D150690

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Robert J. Ferraro, M.D., F.A.

Mailing Address 5351 Lake Pleasant Road

City Erie State PA Zip Code 16509-3837

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2010
Transaction ID: 4CE984ECAA73E2842B

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Scott H. Fertels, D.O., F.A.

Mailing Address 418 Mill Creek Road

City Gladwyne State PA Zip Code 19035-1519

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2010
Transaction ID: E6E5C96E73E7575114E

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 98
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Bohuslav Finta, M.D.

Mailing Address 2442 Black Horse Drive Northeast

City State Zip Code
Grand Rapids MI 49505-3968

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: F31F8D3BF0E530F442B

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
David L. Fishman, M.D., F.A.

Mailing Address 5600 W Addison Street Suite 505

City State Zip Code
Chicago IL 60634-4466

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: 5B91EB7F44A2A507DFB

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Kevin Fitzpatrick

Mailing Address Heart House
2400 N Street Northwest

City State Zip Code
Washington DC 20037-1152

FEC ID number of contributing federal political committee. **C**

Name of Employer American College of Cardiology Occupation
ADMINISTRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2010

Transaction ID: 49989DBF305226B0F3AD

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ► **1084.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kathleen B. Flood		Date of Receipt MM / DD / YYYY 03 / 29 / 2010		
	Mailing Address 9111 Old Georgetown Road		Transaction ID: 4DCA8B3E14B913CE97AB		
	City Bethesda	State MD	Zip Code 20814-1616	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American College of Cardiology		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Gregg L. Fortino, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 160 Winding Way		Transaction ID: F28DDBB4F8FDDF90D5E		
	City Haddonfield	State NJ	Zip Code 08033-3642	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiovascular Associates of the Delaw		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Leverne S. Fox, Jr., M.D.,		Date of Receipt MM / DD / YYYY 03 / 03 / 2010		
	Mailing Address 151 Indian Paint Brush Drive		Transaction ID: CAE248C4183E3160D66		
	City Banner Elk	State NC	Zip Code 28604-8108	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sanger Clinic, PA		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

SUBTOTAL of Receipts This Page (optional)	▶	1465.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Andrew Freeman, M.D.		Date of Receipt MM / DD / YYYY 03 / 18 / 2010		
	Mailing Address 2321 Hudson Street		Transaction ID: 9827979A6EBCA22E52F		
	City Denver	State CO	Zip Code 80207-3259	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer National Jewish Medical & Research Cen		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Patricia L. Freier, RN		Date of Receipt MM / DD / YYYY 03 / 18 / 2010		
	Mailing Address Covenant Heart Institute 3615 19th Street		Transaction ID: 51C68B23AA3D5F3CE4F		
	City Lubbock	State TX	Zip Code 79410	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Covenant Heart Institute		Occupation Cardiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Charles Ernest Fuenzalida, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 24 / 2010		
	Mailing Address 5301 Preserve Parkway S		Transaction ID: 20100325-49-10-33		
	City Littleton	State CO	Zip Code 80121-2147	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 98
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Rick P. Ganim, M.D., F.A.

Mailing Address 3320 Amherst Street

City State Zip Code
Houston TX 77005-3334

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardiovascular Association, P.L.L.C. Occupation INTERNAL MED.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 483EF5765BEB2629AAD

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Cathy Gates

Mailing Address 17500 Ashton Forest Terrace

City State Zip Code
Sandy Spring MD 20860-3009

FEC ID number of contributing federal political committee. **C**

Name of Employer American College of Cardiology Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
MM / DD / YYYY
03 / 09 / 2010

Transaction ID: 40E19B8136178B09B61C

Amount of Each Receipt this Period
83.34

C.

Full Name (Last, First, Middle Initial)
Mark D. Gelernt, M.D., F.A.

Mailing Address 740 Jeffrey Road

City State Zip Code
Moorestown NJ 08057-1932

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardiovascular Associates Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: AADFAAF118494CEA96F

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1333.34**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Carl J. Gessler, Jr., M.D.,

Mailing Address 930 Franklin Street

City State Zip Code
Huntsville AL 35801-4312

FEC ID number of contributing federal political committee. **C**

Name of Employer
The Heart Center, PCATTN:
Accounts Pay

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: 6C538FA217EE42816B6

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
William S. Gillen, M.D., F.A.

Mailing Address 4 Little Bluff Road

City State Zip Code
Newport News VA 23606-2817

FEC ID number of contributing federal political committee. **C**

Name of Employer
Cardiovascular Center

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 5C98107DA8609428CAA

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Sanford J. Gips, M.D., F.A.

Mailing Address 807 Albury Court

City State Zip Code
Moorestown NJ 08057-4501

FEC ID number of contributing federal political committee. **C**

Name of Employer
Cardiovascular Associates
of the Delaw

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 31729A039731041A3D2

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kartik S. Giri, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 1772 Weatherstone Drive	Transaction ID: 3F4F8C3FC9C9B48EFFA
	City State Zip Code Ann Arbor MI 48108-3391	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Cardiovascular Associates of the Delaw Occupation: INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Brian M. Go, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 1037 Stradshire Drive	Transaction ID: CB775E4DFAA0A739C04
	City State Zip Code Raleigh NC 27614-8365	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Self-Employed Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Robert J. Golub, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 26 Acorn Drive	Transaction ID: 72EC1990E3B6F0A9DDE
	City State Zip Code Bethany CO 06524	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: M-W Cardiovascular Associates, LLC Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Jorge L. Gonzalez, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 4019 Cheverly Drive West	Transaction ID: 922BD9304F39A18A0F6
	City State Zip Code Lakeland FL 33813-1214	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Watson Clinic, L.L.P. ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Lee W. Gould, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 30 / 2010
	Mailing Address 3865 Country Club Drive	Transaction ID: 4874BB780B0BD1AA2F22
	City State Zip Code Lewiston ID 83501-9622	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self-Employed ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

C.	Full Name (Last, First, Middle Initial) William F. Graettinger, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 13 / 2010
	Mailing Address 4754 Village Green Parkway	Transaction ID: 477FA23444F4A30A5EE7
	City State Zip Code Reno NV 89519	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Medical Assoc. North ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1084.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Harold L. Greenberg, M.D.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 280 Springside Road	Transaction ID: A297AC66F0A030B5C02
	City State Zip Code Longwood FL 32779-4985	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mitchell M. Greenspan, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 3 Lifemark Drive	Transaction ID: 9773E4CF52B767B753F
	City State Zip Code Sellersville PA 18960-1598	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pennsylvania Cardiology Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Navin Gupta, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 9203 Sheridan Park Court	Transaction ID: B593371CD3203EE24F3
	City State Zip Code Brentwood TN 37027-1748	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 98
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Vinod K. Gupta, M.B.B.S.,
Mailing Address 100 Willow Plaza Suite 200

City State Zip Code
Visalia CA 93291-6213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	1	0

Transaction ID: 9389BC91174CB974224
 Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Stephen B. Guss, M.D., F.A.
Mailing Address 8 Blue Stone Terrace

City State Zip Code
Morristown NJ 07960-6501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Morristown Card. Assocs., P.A. ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	1	0

Transaction ID: 3B29F201E55959E916C
 Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Hasan Guven, M.D., F.A.
Mailing Address 904 Park Crest Circle

City State Zip Code
Birmingham AL 35242-7537

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Alabama Cardiovascular Gr-oup INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	1	0

Transaction ID: 2D33E85CB2BF46C362A
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Thomas A. Haffey, D.O., F.A.	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 9141 Grant Street Suite 140	Transaction ID: 20100325-27-10-33
	City State Zip Code Denver CO 80229-4367	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Kenneth Aaron Hahn, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address 1462 South Colorado Street Apt. 2F	Transaction ID: 279BF1C9A93A278475D
	City State Zip Code Greenville MS 38703-7263	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Delta Regional Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) Shelley A. Hall, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address 5514 Yolanda Lane	Transaction ID: F66A2655C86A9F71C40
	City State Zip Code Dallas TX 75229-6440	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Heart Place	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3450.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Anand Haridas, M.B.B.S.,		Date of Receipt																					
	Mailing Address 20 Appaloosa Trail		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	4		2	0	1	0														
	City State Zip Code Holland PA 18966		Transaction ID: F079951EAD103FB64A3																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00																						
Name of Employer Comprehensive Cardiology Consultants		Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00																						

B.	Full Name (Last, First, Middle Initial) Howard L. Haronian, M.D., F.A.		Date of Receipt																					
	Mailing Address 45 Wells Street Suite 102		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	4		2	0	1	0														
	City State Zip Code Westerly RI 02891-2927		Transaction ID: 20100325-39-10-33																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00																						
Name of Employer Cardiology Specialists, Ltd. & Yale C		Occupation ADULT CARDIOLOGY																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00																						

C.	Full Name (Last, First, Middle Initial) Anne M. Hepner, M.D., F.A.		Date of Receipt																					
	Mailing Address 10653 Monaco Way		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	1		2	0	1	0														
	City State Zip Code Traverse City MI 49684-6805		Transaction ID: A359E827B6FA93468A8																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Grand Traverse Heart Associates		Occupation ADULT CARDIOLOGY																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

SUBTOTAL of Receipts This Page (optional)	915.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Anne M. Hepner, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 10653 Monaco Way		Transaction ID: 80AE44B45D4B9D3A9BF		
	City Traverse City	State MI	Zip Code 49684-6805	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Grand Traverse Heart Associates	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Michael B. Herlich, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 19 Nolen Circle		Transaction ID: 894C945B66E5B78766F		
	City Voorhees	State NJ	Zip Code 08043-4110	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiovascular Associates of the Delaw	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Arthur B. Hodess, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 3025 Zinn Road		Transaction ID: 1080CDB2F6CD0220F61		
	City Thorndale	State PA	Zip Code 19372-1131	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

SUBTOTAL of Receipts This Page (optional)	▶	1625.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
David R. Holmes, Jr., M.D.,
Mailing Address 1122 21st Street, Northeast

City State Zip Code
Rochester MN 55906-4059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mayo Clinic ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2010

Transaction ID: 445D964AEFD9DF21E07D

Amount of Each Receipt this Period
84.00

B. Full Name (Last, First, Middle Initial)
Michael B. Honan, M.D., F.A.
Mailing Address 4329 Corinth Drive

City State Zip Code
Birmingham AL 35213-1836

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CardioVascular Associates ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 169B6AE5E8F501F4067

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Victor N. Howard, M.D., F.A.
Mailing Address 2484 Caring Way Suite B

City State Zip Code
Port Charlotte FL 33952-5306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Victor N Howard MD PC ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 9B6AE5744CB4038E09B

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1334.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Victor N. Howard, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 18 / 2010
	Mailing Address 2484 Caring Way Suite B	Transaction ID: 3D057A8A47B66CB69F9
	City State Zip Code Port Charlotte FL 33952-5306	Amount of Each Receipt this Period -250.00
	FEC ID number of contributing federal political committee. C	Bounced Check
	Name of Employer Occupation Victor N Howard MD PC ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

B.	Full Name (Last, First, Middle Initial) Bradley R. Hughes, M.D.	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 102 Cornerstone Lane	Transaction ID: 20100325-38-10-33
	City State Zip Code Searcy AR 72143-8496	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Heart Clinic Arkansas INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Jamie W. H. Hynd, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address PO Box 1490	Transaction ID: 20100325-33-10-33
	City State Zip Code Ogdensburg NY 13669-6490	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Massena Memorial Hospital CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	615.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 98
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Nilofar H. Islam, M.B.B.S.,
Mailing Address 1015 South Washington

City State Zip Code
Saginaw MI 48601-2556

FEC ID number of contributing federal political committee. **C**

Name of Employer Michigan Cardiovascular Institute
Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 18 / 2010
Transaction ID: 307794BBCFF6F476B65
 Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Robert B. Johnson, M.D., F.A.
Mailing Address 1 Atwell Road

City State Zip Code
Cooperstown NY 13326-1301

FEC ID number of contributing federal political committee. **C**

Name of Employer Bassett Hospital
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 24 / 2010
Transaction ID: 20100325-59-10-33
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Lee W. Jordan, M.D., F.A.
Mailing Address Heart Disease Management Clinic, R
3535 Olentangy River Road

City State Zip Code
Columbus OH 43214-3998

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation HEART FAILURE/TRANSPLANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 11 / 2010
Transaction ID: 7F12E48F34D22B1610B
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 98
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Georges I. Kaddissi, M.D., F.A.

Mailing Address 703 Commonwealth Drive

City State Zip Code
Moorestown NJ 08057-4417

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardiovascular Associates of Delaware
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 4FC3D8686D5A871427C

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Richard E. Katholi, M.D., F.A.

Mailing Address 1989 Outer Park Drive

City State Zip Code
Springfield IL 62704-3387

FEC ID number of contributing federal political committee. **C**

Name of Employer Prairie Cardiovascular Consultants Ltd
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 89EB37ADD6326F0DA98

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Gary Steven Kauffman, M.D., F.A.

Mailing Address 5201 East Mountain View

City State Zip Code
Paradise Valley AZ 85253-1627

FEC ID number of contributing federal political committee. **C**

Name of Employer North Phoenix Heart Center
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: C774F20A9AF509155E4

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Theodore A. Keith, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 2842 Bitting Road	Transaction ID: 7D3205A3808A94BEF65
	City State Zip Code Winston Salem NC 27104-3004	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Heart & Vascular Center-WS Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Jerry D. Kennett, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 4614 Copperstone Court	Transaction ID: 20100325-26-10-33
	City State Zip Code Columbia MO 65203-1696	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Missouri Cardiovascular Specialists Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) David I. Koenigsberg, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 18 / 2010
	Mailing Address 6907 N Kolmar Avenue	Transaction ID: 4E0915DC191C12AD4D2
	City State Zip Code Lincolnwood IL 60712-4703	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lake Shore Cardiology Group LTD Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	1615.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) David W. Kohl, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address PO Box 116		Transaction ID: B0B6FE94B9157A11BF1		
	City St. Petersburg	State FL	Zip Code 33731-0116	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bay Area Heart Center	Occupation INTERVENTIONAL CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Phillip A. Koren, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 34 Southwood Drive		Transaction ID: 189A37855EB98D52B25		
	City Cherry Hill	State NJ	Zip Code 08003-2950	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) David O. Kovacich, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 13 / 2010		
	Mailing Address 5251 Cheyenne Moon		Transaction ID: 459E3A2C-1C7F-4D31-		
	City Carmel	State IN	Zip Code 46033-8897	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Indiana Heart Physicians, Inc	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Richard J. Kovacs, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 38 East 52nd Street	Transaction ID: 5E1ADDD04F143C6C399
	City State Zip Code Indianapolis IN 46205-1025	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Krannert Institute of Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey H. Kramer, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 311 Munn Lane East	Transaction ID: D32FAE5A55C3C057351
	City State Zip Code Cherry Hill NJ 08034-3029	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) William A. Kutchera, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 822 Overlook Place	Transaction ID: 628D4D846B311B32E6C
	City State Zip Code Anchorage AK 99501-3284	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Alaska Heart Institute LLC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Phillip L. Laney, M.D., F.A.

Mailing Address 5012 Littlebury Road

City State Zip Code
Huntsville AL 35802-1825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Heart Center, PC ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2010

Transaction ID: 186D1D747CFB75A1634

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey A. Leavy, M.D., F.A.

Mailing Address 725 Jamie Drive

City State Zip Code
Moorestown NJ 08057-1929

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cardiovascular Associates of The Delaw ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2010

Transaction ID: 219A7CA335DBEFA92D1

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Nate E. Lebowitz, M.D., F.A.

Mailing Address 16 Palisade Boulevard

City State Zip Code
Demarest NJ 07627-1521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2010

Transaction ID: DDE483690629F1BC370

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Arthur B. Lee, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 18 / 2010
	Mailing Address 16573 Olympic View Road Northwest	Transaction ID: 7E7F7C902EF84275C89
	City State Zip Code Silverdale WA 98383-9736	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Kitsap Cardiology Consultants, PLLC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Marino Leonardi, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 211 Gulf Creek Road	Transaction ID: C409D4E2F2A099E34CD
	City State Zip Code Wayne PA 19087-3719	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Steven Allen Levi, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 210 W Atlantic Avenue	Transaction ID: 5E38B0CE181A8F19494
	City State Zip Code Haddon Heights NJ 08035-1715	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cardiovascular Associates of the Delaw	Occupation ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Sandra J. Lewis, M.D., F.A.

Mailing Address 5342 Southwest Hewett Boulevard

City State Zip Code
Portland OR 97221-2254

FEC ID number of contributing federal political committee. **C**

Name of Employer NW Cardiovascular Institute
Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
03 / 09 / 2010

Transaction ID: 4294AFB0C52CBD09C2E1

Amount of Each Receipt this Period
83.34

B.

Full Name (Last, First, Middle Initial)
Stephen John Lewis, M.D., F.A.

Mailing Address 6824 Miami Bluff Drive

City State Zip Code
Cincinnati OH 45227-4331

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardiology Center of Cincinnati
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 781102F2758737664BA

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Lawrence Liao, M.D., F.A.

Mailing Address 1936 Hornbeck Court

City State Zip Code
Raleigh NC 27614-7048

FEC ID number of contributing federal political committee. **C**

Name of Employer Duke Cardiology of Raleigh
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 9B2374B4B1A7F8AC403

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **833.34**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Timothy N. Logemann, M.D., F.A.

Mailing Address 500 Wind Ridge Drive

City Wausau State WI Zip Code 54401-4173

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardiovascular Associates- of Northern WI Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2010
Transaction ID: D34E6DF84E6C3194C2D
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Jerre F. Lutz, M.D., F.A.

Mailing Address 4627 Shiloh Ridge Trail

City Snellville State GA Zip Code 30039

FEC ID number of contributing federal political committee. **C**

Name of Employer Emory University School of MedicineDep Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2010
Transaction ID: 20100325-24-10-33
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Andrew Macina, M.D., F.A.

Mailing Address 4 Loudon Heights North

City Albany State NY Zip Code 12211-2012

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2010
Transaction ID: 20100325-64-10-33
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Joseph E. Marakovits, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 96 Stonehill Drive		Transaction ID: F3A47053CF001D0FBD8		
	City Rocky Hill	State CT	Zip Code 06067-4257	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bristol Cardiovascular Associates	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) George E. Mark, IV, M.D.,		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 844 North Lawen Street		Transaction ID: 00BFAA94A8BF5E609AC		
	City Philadelphia	State PA	Zip Code 19123	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiovascular Associates of Delaware	Occupation ELECTROPHYSIOLOGY	Aggregate Year-to-Date 1000.00		

C.	Full Name (Last, First, Middle Initial) David M. Masiak, D.O., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 1613 Stonington Circle		Transaction ID: 4E6186219364713CA17		
	City North Wales	State PA	Zip Code 19454-3676	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiology Consultants of Philadelphia	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 98
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
David Crockett May, M.D., Ph.D

Mailing Address 953 Creek Crossing

City State Zip Code
Coppell TX 75019-6322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cardiovascular Specialist- s, PA INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: 331B031EF695D1744DA

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Steven L. McCormick, M.D., F.A.

Mailing Address 2930 Chesterfield Avenue

City State Zip Code
Charleston WV 25304-1125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: F192C878536EAC0796E

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dale S. McDowell, Jr., M.D.,

Mailing Address 11215 Merganser Road

City State Zip Code
Klamath Falls OR 97601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Klamath Heart Clinic ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: 418098DD99FE83E69A9

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Donald B. McElroy, M.D., F.A.		Date of Receipt
	Mailing Address 1020 West Bennett Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Dunlap	IL	61525-9353
	FEC ID number of contributing federal political committee. C		Transaction ID: 34077EECF45676C6521
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
ADULT CARDIOLOGY			<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	1000.00
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Melissa Lynn McKernan, M.D.		Date of Receipt
	Mailing Address 1409 Ridge Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lancaster	PA	17603-4735
	FEC ID number of contributing federal political committee. C		Transaction ID: 3061955AD3833ADED58
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
ELECTROPHYSIOLOGY			<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	365.00
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Lawrence S. Mendelson, M.D., F.A.		Date of Receipt
	Mailing Address 537 West Wayne Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Wayne	PA	19087-3863
	FEC ID number of contributing federal political committee. C		Transaction ID: 770E2CBD6DE91214B80
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
ADULT CARDIOLOGY			<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	375.00
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>	1740.00
TOTAL This Period (last page this line number only)	<input type="text"/>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 98
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Joseph V. Messer, M.D., M.A.

Mailing Address 540 Washington Avenue

City State Zip Code
Glencoe IL 60022-1837

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardiovascular Associates of Glenbrook
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2010

Transaction ID: 20100325-58-10-33

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Ronald V. Miller, M.D., F.A.

Mailing Address 23755 Woodlynne Drive

City State Zip Code
Bingham Farms MI 48025-3400

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2010

Transaction ID: 20100325-29-10-33

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Michael J. Mirro, M.D., F.A.

Mailing Address 2005 Prestwick Lane

City State Zip Code
Fort Wayne IN 46814-9317

FEC ID number of contributing federal political committee. **C**

Name of Employer Fort Wayne Cardiology Corporation
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: 4C4CAEDE691D0AE6DB9D

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 98
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Alberto E. Montalvo, M.D., F.A.		Date of Receipt
	Mailing Address 5928 Riverview Boulevard		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 18 / 2010
	City	State	Zip Code
	Bradenton	FL	34209-1859
	FEC ID number of contributing federal political committee. C		Transaction ID: 875A5E58BD36739E2C0
Name of Employer Bradenton Cardiology		Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Michael G. Mooradd, M.D., F.A.		Date of Receipt
	Mailing Address 315 W State Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 11 / 2010
	City	State	Zip Code
	Doylestown	PA	18901-3525
	FEC ID number of contributing federal political committee. C		Transaction ID: 67D38161F35AB96A484
Name of Employer Central Bucks Cardiology		Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Carl A. Moore, M.D., F.A.		Date of Receipt
	Mailing Address 101 Colonial Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 18 / 2010
	City	State	Zip Code
	Lynchburg	VA	24503-2003
	FEC ID number of contributing federal political committee. C		Transaction ID: CCC167A7EECE9579389
Name of Employer Cardiovascular Associates of Central V		Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Richard B. Moore, M.D., F.A.

Mailing Address 787 37th Street
Suite E-140

City State Zip Code
Vero Beach FL 32960-7314

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: FA515606474B8696F2D

Amount of Each Receipt this Period
375.00

B.

Full Name (Last, First, Middle Initial)
Marc A. Mugmon, M.D., F.A.

Mailing Address 7193 Collingwood Court

City State Zip Code
Elkridge MD 21075-5548

FEC ID number of contributing federal political committee. **C**

Name of Employer Mid Atlantic Cardiovascular Associates Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: 8BC9A0B03A8EBF7120E

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Charles E. Mullins, M.D., F.A.

Mailing Address 13714 Cottrell Court

City State Zip Code
Houston TX 77077-1130

FEC ID number of contributing federal political committee. **C**

Name of Employer Baylor College of Medicine Occupation
PEDIATRIC CARD.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2010

Transaction ID: 20100325-57-10-33

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Charn S. Nandra, M.B., B.Ch

Mailing Address 114 Brady Circle E

City State Zip Code
Steubenville OH 43952-1469

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2010

Transaction ID: 20100325-52-10-33

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
John A. Nash, M.D., F.A.

Mailing Address 516 Overhill Drive

City State Zip Code
Saint Louis MO 63130-4149

FEC ID number of contributing federal political committee. **C**

Name of Employer St. John's Mercy Heart and Vascular Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: FA737AAEF0738225C04

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
David L. Navratil, M.D., F.A.

Mailing Address 1967 Davina Street

City State Zip Code
Henderson NV 89074-1026

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardiovascular Consultants of Nevada Occupation
ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: F3A9EA364F7583E0356

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 98
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Nicola B. Nicoloff, M.D., F.A.

Mailing Address 12100 Mallards Crossing

City Petersburg State OH Zip Code 44454-9735

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 18 / 2010
Transaction ID: 2D0C6CCB75EBD29B5E6
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Farshad J. Nosratian, M.D., F.A.

Mailing Address 1234 Bel Air Road

City Los Angeles State CA Zip Code 90077-3016

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 24 / 2010
Transaction ID: 20100325-37-10-33
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Henry F. Novack, M.D., F.A.

Mailing Address 48 Meadowlark Road

City Port Chester State NY Zip Code 10573-1220

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 11 / 2010
Transaction ID: CF934E13EA5C2FBAEDB
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Paul J. O'Brien, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 19 / 2010
	Mailing Address 4660 Kenmore Avenue Suite 800	Transaction ID: 43A5A20F6AE2A602B360
	City State Zip Code Alexandria VA 22304-1300	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Virginia Cardiology, P.C.	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

B.	Full Name (Last, First, Middle Initial) Bradley O. Oswood, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 6024 East Gold Dust Avenue	Transaction ID: DED68BCFF18291943CC
	City State Zip Code Karachi, Sind 7480 AZ 85253-1222	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Scottsdale Cardiovascular Center, PC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Louis M. Papandrea, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 18 / 2010
	Mailing Address 7 Durham Court	Transaction ID: 4A860C2218FABC279BE
	City State Zip Code Delmar NY 12054-3839	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Capital Cardiology Associates Corporat	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1584.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Joseph L. Parrish, M.D., F.A.
Mailing Address 1105 E Massachusetts Avenue

City State Zip Code
Southern Pines NC 28387-6737

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pinehurst Med. Clin., Inc. ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2010
Transaction ID: 20100325-55-10-33
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Parag V. Patel, D.O., F.A.
Mailing Address 1010 Sheridan Road

City State Zip Code
Wilmette IL 60091-1979

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010
Transaction ID: E60970413EF295E9E34
Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Eric A. Pena, M.D., F.A.
Mailing Address 1491 Montclair Terrace

City State Zip Code
Medford OR 97504-9241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Heart Clinic of Southern Oregon and No ELECTROPHYSIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010
Transaction ID: 54D81DC4F827347D637
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **865.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Roberto Perez-Gutierrez, M.D., F.A.

Mailing Address Urb Montehiedra
113 Calle Guaraguao

City San Juan State PR Zip Code 00926-7101

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2010
Transaction ID: 20100325-56-10-33
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Marc A. Petein, IV, M.D.,

Mailing Address 13188 N 103rd Drive Suite 201

City Sun City State AZ Zip Code 85351-3066

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardiac Care Consultants Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2010
Transaction ID: 4AC1EE1321E96E98087
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Markus Porkert, M.D., F.A.

Mailing Address 234 Superior Avenue

City Decatur State GA Zip Code 30030-1815

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2010
Transaction ID: 9AB517C95B997D53099
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Kit B. Powers, M.D., F.A.

Mailing Address 11410 West 139th Terrace

City State Zip Code
Overland Park KS 66221-8024

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: 66075087346FAF3BA9E

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Robert C. Prentice, D.O., F.A.

Mailing Address 13343 Edinburgh Drive

City State Zip Code
Palos Heights IL 60463-2749

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: 75FC42E7F406FF018A5

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Mahmood A. Quereshy, M.D., F.A.

Mailing Address 13 White Pine Road

City State Zip Code
New Hartford NY 13413-5527

FEC ID number of contributing federal political committee. **C**

Name of Employer Bassett Healthcare Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: 05D052858A7171C8558

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2115.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 98
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Peter S. Rahko, M.D., F.A.
 Mailing Address 3410 Noll Valley Circle
 City State Zip Code
Verona WI 53593-8720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
University of Wisconsin ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 11 / 2010
Transaction ID: 8C7F28645558467E95B
 Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Atul A. Ramachandran, M.D., F.A.
 Mailing Address 13231 Nicholas Circle
 City State Zip Code
Omaha NE 68154-5134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Alegent Health Heart & Vascular ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 11 / 2010
Transaction ID: 1A76A7E655E6E82E2BA
 Amount of Each Receipt this Period
 400.00

C. Full Name (Last, First, Middle Initial)
Paul Reiter, M.D., F.A.
 Mailing Address 214 Millbrook Avenue
 City State Zip Code
Hurley NY 12443-5612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 11 / 2010
Transaction ID: 16060A2D1525E1E53E9
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 98
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Frederic S. Resnic, M.D., F.A.
Mailing Address 51 Clarke Circle
City Needham State MA Zip Code 02492
FEC ID number of contributing federal political committee. **C**
Name of Employer Brigham and Women's Hospital Occupation INTERVENTIONAL CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 21 / 2010
Transaction ID: 4F79A130-9D40-43C1-
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Joseph M. Restivo, M.D., F.A.
Mailing Address 137 Lethbridge Circle
City Copley State OH Zip Code 44321-1361
FEC ID number of contributing federal political committee. **C**
Name of Employer Northeast Ohio Cardiovascular Speciali Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 11 / 2010
Transaction ID: FD6C8331E623D7E908C
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Gary M. Rich, M.D., F.A.
Mailing Address 736 South Mobile Street
City Fairhope State AL Zip Code 36532-1115
FEC ID number of contributing federal political committee. **C**
Name of Employer Ochsner Medical Center Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt 03 / 11 / 2010
Transaction ID: 218E871B96E394E9077
Amount of Each Receipt this Period 275.00

SUBTOTAL of Receipts This Page (optional) ► 775.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 98
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) William B. Ricks, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 17480 High Street	Transaction ID: E22641A8-BE8A-4182-
	City State Zip Code Los Gatos CA 95030	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Michael E. Ring, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 12604 S Flying Goose Lane	Transaction ID: 0231E048-500C-4AE1-
	City State Zip Code Spokane WA 99224	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Heart Clinics Northwest Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) William S. Roberts, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 8231 Greencastle Drive	Transaction ID: 2B0D08B007E68D197C4
	City State Zip Code Charlotte NC 28210-4209	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Theresa Roca, M.D., F.A.

Mailing Address 1700 Springhill Avenue Suite 100

City State Zip Code
Mobile AL 36604-1416

FEC ID number of contributing federal political committee. **C**

Name of Employer: Diagnostic and Medical Clinic
Occupation: PEDIATRIC CARD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 03 / 04 / 2010
Transaction ID: F269C8D8444322CFE25
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial)
George P. Rodgers, M.D., F.A.

Mailing Address 2441 Westlake Drive

City State Zip Code
Austin TX 78746-2950

FEC ID number of contributing federal political committee. **C**

Name of Employer: Biophysical Corporation
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt: 03 / 16 / 2010
Transaction ID: 4B4F8227D41180C86730
Amount of Each Receipt this Period: 84.00

C. Full Name (Last, First, Middle Initial)
J. James Rohack, M.D., F.A.

Mailing Address 4409 Leonard Road

City State Zip Code
Bryan TX 77807-9553

FEC ID number of contributing federal political committee. **C**

Name of Employer: Scott & White Clinic and Hospital
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2010
Transaction ID: DEA875514122DA4E4F8
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **699.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 98
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Mitchell C. Rosenberg, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 28 Imperial Drive Route 70 and I-295	Transaction ID: B54FB6CA5E74B661E3F
	City State Zip Code Cherry Hill NJ 08003	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Howard S. Rosman, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 2093 Fairway Drive	Transaction ID: 80ED76AA66910192144
	City State Zip Code Detroit MI 48009	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. John Hospital & Medical Center Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Florence G. Rothenberg, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address 222 Reily Road	Transaction ID: 435BBEFD56860EB708A8
	City State Zip Code Cincinnati OH 45215	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Cincinnati Occupation CARDIOVASCULAR RESEARCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

SUBTOTAL of Receipts This Page (optional)	▶	2084.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) John S. Rumsfeld, M.D., Ph.D	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address Cardiology (111B) 1055 Clermont Street	Transaction ID: 4005BD1A4AA26C21D72A
	City State Zip Code Denver CO 80220-3808	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Denver VA Medical Center / University Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99	

B.	Full Name (Last, First, Middle Initial) Gregory C. Sampognaro, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 2503 Point Drive	Transaction ID: 797966DB9C5034CE821
	City State Zip Code Monroe LA 71201-2458	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Jose O. Santana, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 425 70th Street	Transaction ID: 36270555EB757D8BCB0
	City State Zip Code Guttenberg NJ 07093-2417	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hudson Heart Group Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	883.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
John W. Schaeffer, M.D., F.A.

Mailing Address 161 Ridgeland Drive

City Amherst State OH Zip Code 44001-1727

FEC ID number of contributing federal political committee. **C**

Name of Employer North Ohio Heart Center Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2010
Transaction ID: B077B54F4590102B20B
Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Michael A. Scherlag, M.D., F.A.

Mailing Address 4050 West Memorial Road

City Oklahoma City State OK Zip Code 73120-8382

FEC ID number of contributing federal political committee. **C**

Name of Employer Oklahoma Heart Hospital Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2010
Transaction ID: 9B02ABBB1DCF5B8802F
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
C. Richard Schott, M.D., F.A.

Mailing Address 10 Todmorden Drive Suite 2400

City Wallingford State PA Zip Code 19086-6727

FEC ID number of contributing federal political committee. **C**

Name of Employer Riddle Health Care Center II Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2010
Transaction ID: B21A83C94B8E5C42F8F
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Bernard R. Schrager, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 8950 N Kendall Drive Suite 601		Transaction ID: 1B53E98BD60B4F2E689		
	City Miami	State FL	Zip Code 33176-2139	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Miami Cardiology Group	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Harvey A. Schuchman, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 5328 S Havana Court		Transaction ID: FEDC9B63FE64853CC8B		
	City Englewood	State CO	Zip Code 80111-3816	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer South Denver Cardiology Assoc PC	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) David W. Schwenker, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 6 Hearts Way, PO Box 4860		Transaction ID: C7308A81DD0577D5E9A		
	City Queensbury	State NY	Zip Code 12804-0860	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Adirondack Cardiology Assoc., PC	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 98
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Michael D. Sellers, M.D., F.A. Mailing Address 11421 S Joplin Avenue City State Zip Code Tulsa OK 74137-7753 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self-Employed ADULT CARDIOLOGY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2010 Transaction ID: F29C715803409299A9E Amount of Each Receipt this Period 250.00
B.	Full Name (Last, First, Middle Initial) Sampoornima Setty, M.D., F.A. Mailing Address 4649 Millatti Lane City State Zip Code La Crosse WI 54601-1703 FEC ID number of contributing federal political committee. C Name of Employer Occupation Gundersen Lutheran Medical Center ADULT CARDIOLOGY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2010 Transaction ID: 9B79788CB614CB4B33B Amount of Each Receipt this Period 500.00
C.	Full Name (Last, First, Middle Initial) Michael J. Severino, M.D., F.A. Mailing Address 1732 Fargo Boulevard Suite 100 City State Zip Code Geneva IL 60134-2973 FEC ID number of contributing federal political committee. C Name of Employer Occupation Kane Cardiology, SC ADULT CARDIOLOGY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 252.00	Date of Receipt M M / D D / Y Y Y Y Y 03 / 19 / 2010 Transaction ID: 4E1BA50BCD67E860BEAD Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional)	834.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) James A. Shaver, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 301 South Lexington Avenue	Transaction ID: 5C521124A001584E978
	City State Zip Code Pittsburgh PA 15208-2722	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Pittsburgh Medical Centre Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) D. Brian Shea, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 58 Estate Drive # 2	Transaction ID: 56EE34BB0F9B8449EA7
	City State Zip Code Manchester ME 04351-3647	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer New England Heart Institute Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) M. Eugene Sherman, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 5110 South Hanover Way	Transaction ID: 8F7AE33EC2AC65DF8B6
	City State Zip Code Englewood CO 80111-6239	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Aurora Medical Associates, PC Occupation INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	5615.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 98
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
M. Theodore Silver, M.D., F.A.
 Mailing Address 697 Lebanon Road
 City State Zip Code
 Winterport ME 04496-4023
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2010
Transaction ID: 44558A7E5899F38C54ED
 Amount of Each Receipt this Period
 84.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northeast Cardiology Associates ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 252.00

B. Full Name (Last, First, Middle Initial)
Steven E. Silver, M.D., F.A.
 Mailing Address 5 Walkaway Lane
 City State Zip Code
 Cherry Hill NJ 08003-5136
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2010
Transaction ID: D5C767C31618FD7099A
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
Michael E. Silverman, M.D., F.A.
 Mailing Address 10710 Charter Drive Suite 400
 City State Zip Code
 Columbia MD 21044-3276
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2010
Transaction ID: 5806F8827D7CD39F4ED
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cardiovascular Specialists of Central ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 1334.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Norman P. Silvers, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 210 W Atlantic Avenue	Transaction ID: 72F3FB4A86A879004A5
	City State Zip Code Hadden Heights NJ 08035-1715	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) William H. Skinner, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 18 / 2010
	Mailing Address 1444 Keene S Elkhorn Park	Transaction ID: 33235B16928C8174BB4
	City State Zip Code Nicholasville KY 40356-8445	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) James E. Smith, III, M.D.,	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 64040 Highway 434 Suite 200	Transaction ID: 20100325-44-10-33
	City State Zip Code Lacombe LA 70445-3499	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Self-Employed ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	▶	1730.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Peter N. Smith, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 18 / 2010
	Mailing Address 1000 N Oak Avenue	Transaction ID: 159DABA24527CA29B45
	City State Zip Code Marshfield WI 54449-5703	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Marshfield Clinic	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Harvey A. Snyder, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 210 W Atlantic Avenue	Transaction ID: F159A0920C2C24DB5F4
	City State Zip Code Haddon Heights NJ 08035-1715	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cardiovascular Associates of the Delaw	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) James W. Snyder, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 204 Claremont Court	Transaction ID: F0D538E4422B36D6177
	City State Zip Code Elizabeth Cty NC 27909-9024	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 / 98
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Richard W. Snyder, M.D., F.A.

Mailing Address 5514 Yolanda

City State Zip Code
Dallas TX 75229-6440

FEC ID number of contributing federal political committee. **C**

Name of Employer Heart Place Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: 453FBC4CC201F3C7E719

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mark R. Sorensen, M.D., F.A.

Mailing Address 211 S Main Street #205

City State Zip Code
Cape May Court Hou NJ 08210-2264

FEC ID number of contributing federal political committee. **C**

Name of Employer Cape Shore Cardiology Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 09 / 2010

Transaction ID: 434FBFF46477F647328D

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Joseph J. Souza, M.D., F.A.

Mailing Address 334 Red Fox Circle

City State Zip Code
Asheville NC 28803-3383

FEC ID number of contributing federal political committee. **C**

Name of Employer Asheville Cardiology Associates, P.A. Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 661062033410BF8F00E

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **583.33**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Howard M. Staniloff, M.D., F.A.		Date of Receipt
	Mailing Address 4953 Edgerton Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 11 / 2010
	City	State	Zip Code
	Encino	CA	91436-1201
	FEC ID number of contributing federal political committee. C		Transaction ID: 2975F24F8E53158B3FD
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		ADULT CARDIOLOGY	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Alfred W. H. Stanley, Jr., M.D.,		Date of Receipt
	Mailing Address 4401 Fredericksburg Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 11 / 2010
	City	State	Zip Code
	Birmingham	AL	35213-1819
	FEC ID number of contributing federal political committee. C		Transaction ID: 09FD917857779ABA1BB
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		ADULT CARDIOLOGY	<input type="text"/> 1500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Janet E. Strain, M.D., F.A.		Date of Receipt
	Mailing Address 26 East 22nd Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 07 / 2010
	City	State	Zip Code
	New York	NY	10010-6107
	FEC ID number of contributing federal political committee. C		Transaction ID: FB2F6623-6EE1-4103-
Name of Employer Cardiac and Endovascular Associates		Occupation	Amount of Each Receipt this Period
Associates		INTERVENTIONAL CARDIOLOGY	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 98
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
John S. Strobel, M.D., F.A.

Mailing Address 2711 Silver Creek Drive

City State Zip Code
Bloomington IN 47401-4582

FEC ID number of contributing federal political committee. **C**

Name of Employer Internal Medicine Associates
Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 712C90D7E81C33BF0D8

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Daniel Tarditi, D.O.

Mailing Address 109 Homestead Avenue

City State Zip Code
Haddonfield NJ 08033-2727

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardiovascular Associates of Delaware
Occupation PREVENTIVE CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: E899C11720DE7630B37

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Frederick Edward Tatum, M.D., F.A.

Mailing Address 157 Timberton Drive

City State Zip Code
Hattiesburg MS 39401-8209

FEC ID number of contributing federal political committee. **C**

Name of Employer Forrest General Hospital
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: AA14B602D5430763F75

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Marc A. Tecce, M.D., F.A.

Mailing Address 5 Great Woods Lane

City Malvern State PA Zip Code 19355-9697

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 11 / 2010
Transaction ID: AFD8F7000C2DC09AD5D
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Suma A. Thomas, M.D., F.A.

Mailing Address 7620 Old Georgetown Road, Apt. 121

City Bethesda State MD Zip Code 20814-6182

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.34

Date of Receipt 03 / 19 / 2010
Transaction ID: 4E30965FD22DB6EFFAC0
Amount of Each Receipt this Period 208.34

C. Full Name (Last, First, Middle Initial)
Todd G. Tolbert, M.D.

Mailing Address 210 Heady Drive

City Nashville State TN Zip Code 37205-4416

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 08 / 2010
Transaction ID: 4155A710270081A8E547
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 658.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Michael C. Turner, M.D., F.A.

Mailing Address 5140 Highway 397

City State Zip Code
Bell City LA 70630-3105

FEC ID number of contributing federal political committee. **C**

Name of Employer: Cardiovascular Specialists of Southwes
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 09 / 2010
Transaction ID: 4AC39481F7F9560DB251

Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
William A. Van Decker, M.D., F.A.

Mailing Address 1051 Montgomery Avenue

City State Zip Code
Narberth PA 19072-1605

FEC ID number of contributing federal political committee. **C**

Name of Employer: Temple University Hospital
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 11 / 2010
Transaction ID: D87A322BCC1D02D0DE0

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Vijayendra K. Verma, M.D., F.A.

Mailing Address 8 Cloverdale Court

City State Zip Code
Hainesport NJ 08036-5223

FEC ID number of contributing federal political committee. **C**

Name of Employer: Cardiovascular Associates of the Delaw
Occupation: INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 11 / 2010
Transaction ID: BC592A316C548FEA64B

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2100.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 98
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
William R. Vetter, M.D., F.A.

Mailing Address 5301 F Street Suite 117

City State Zip Code
Sacramento CA 95819-3220

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2010

Transaction ID: 20100325-45-10-33

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Krishnaswami Vijayaraghavan, M.B.B.S.,

Mailing Address 2817 E Ludlow Drive

City State Zip Code
Phoenix AZ 85032-5665

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: 4FECB677C62D54940B55

Amount of Each Receipt this Period
84.00

C.

Full Name (Last, First, Middle Initial)
Juan Villafane, M.D., F.A.

Mailing Address 1400 Willow Avenue
1205

City State Zip Code
Louisville KY 40204-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Heart Special- Occupation
ists, PSC PEDIATRICS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
MM / DD / YYYY
03 / 09 / 2010

Transaction ID: 4552A965260E27C2EBF9

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ► **417.34**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dilip B. Viswanath, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 1840 Frontage Road	Transaction ID: 41231CDBB14C7AEC7AC
	City State Zip Code Cherry Hill NJ 08034-2254	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Howard T. Walpole, Jr., M.D.,	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 31 Northumberland	Transaction ID: 44459B5B8CD6EDED246A
	City State Zip Code Nashville TN 37215-4123	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Saint Thomas Health Services	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mary Norine Walsh, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address 428 West 83rd Place	Transaction ID: 46DDBDBA3BACABCB8EC6
	City State Zip Code Indianapolis IN 46260-4905	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Care Group LLC	Occupation HEART FAILURE/TRANSPLANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Jerry E. Watson, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 945 82nd Parkway Suite 3		Transaction ID: 005C211362270CD65A4		
	City Myrtle Beach	State SC	Zip Code 29572-4610	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiology Gastroenterology Assocs PA	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 750.00		

B.	Full Name (Last, First, Middle Initial) Jerry E. Watson, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 24 / 2010		
	Mailing Address 945 82nd Parkway Suite 3		Transaction ID: 20100325-30-10-33		
	City Myrtle Beach	State SC	Zip Code 29572-4610	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiology Gastroenterology Assocs PA	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 750.00		

C.	Full Name (Last, First, Middle Initial) Stephen E. Weinberg, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2010		
	Mailing Address 952 Kresson Road Route 70 and I-295		Transaction ID: 5079A4BD3398DC879D8		
	City Cherry Hill	State NJ	Zip Code 08003-2608	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 98
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Henry L. Weiner, M.D., F.A.

Mailing Address 17 Raintree Road

City State Zip Code
Chadds Ford PA 19317-9330

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 838B10847D58343134A

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Robert C. Wesley, Jr., M.D.,

Mailing Address 2675 Windmill Parkway Apt. 1921

City State Zip Code
Henderson NV 89074-1941

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2010

Transaction ID: 45F38DFA4E4EE759A51E

Amount of Each Receipt this Period
84.00

C.

Full Name (Last, First, Middle Initial)
Steven R. West, M.D., F.A.

Mailing Address 2055 Thomasville Road
Apt. B304

City State Zip Code
Tallahassee FL 32308-0795

FEC ID number of contributing federal political committee. **C**

Name of Employer Capital Regional Medical Center (Colum Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: 438F85A948DB10776251

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **684.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Edwin J. Whitney, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 9303 Montessori Drive	Transaction ID: B60F8F0664EA481A7D5
	City State Zip Code San Antonio TX 78217-3417	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Kim Allan Williams, Sr., M.D.,	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 233 East 13th Street #1905	Transaction ID: 2B3B4F465D7F140ADE6
	City State Zip Code Chicago IL 60605-3258	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer University of Chicago Sect-ions of Cardi	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.	Full Name (Last, First, Middle Initial) Patrick J. Withrow, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 2501 Kentucky Avenue	Transaction ID: 02E15C7C041B6C99CDF
	City State Zip Code Paducah KY 42003-3813	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Western Baptist Church	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Janet S. Wright, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 1915 Calvert Street Northwest Apt.	Transaction ID: 7D2821DC8562E112A7D
	City State Zip Code Washington DC 20009-1547	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.	Full Name (Last, First, Middle Initial) Richard F. Wright, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 02 / 2010
	Mailing Address 1038 South Carmelina Avenue	Transaction ID: 48EF8B2F5F8B3FA0BB6E
	City State Zip Code Los Angeles CA 90049	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pacific Heart Institute Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

C.	Full Name (Last, First, Middle Initial) Kevin R. Young, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 1917 E Rosedown Drive	Transaction ID: 649DD17DA144408BB79
	City State Zip Code Lake Charles LA 70605-9700	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cardiovascular Specialist-of Southwest Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	2125.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 98
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.	Full Name (Last, First, Middle Initial) Antoine G. Younis, M.D., F.A.		Date of Receipt
	Mailing Address 11403 Memorial Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 11 / 2010
	City	State	Zip Code
	Houston	TX	77024-7512
	FEC ID number of contributing federal political committee. C		Transaction ID: E1679530BC75FC0A4F0
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
ADULT CARDIOLOGY			<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Michael V. Yow, M.D., F.A.		Date of Receipt
	Mailing Address 906 Twyckenham Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 11 / 2010
	City	State	Zip Code
	Media	PA	19063-1636
	FEC ID number of contributing federal political committee. C		Transaction ID: A54B07D6CD4C8A6B4B5
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
ADULT CARDIOLOGY			<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Andrew P. Zinn, M.D.		Date of Receipt
	Mailing Address 2011 Queen Ann Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 11 / 2010
	City	State	Zip Code
	Cherry Hill	NJ	08003-2845
	FEC ID number of contributing federal political committee. C		Transaction ID: A67F55B564E3A9EF850
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
ADULT CARDIOLOGY			<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William A. Zoghbi, M.D., F.A.

Mailing Address 6550 Fannin Sm-677

City State Zip Code
Houston TX 77005-3750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Methodist DeBakey Heart & Vascular Cen ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 18 / 2010

Transaction ID: B0063887FA28ADE67DD

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)

Vincent P. Zuck

Mailing Address 808 Fairfax Ct

City State Zip Code
Springfield IL 62702-3305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Prairie Cardiovascular Consultants, LT Cardiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 11 / 2010

Transaction ID: 86DF7BD5DB4C36BAE4A

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

120397.35

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 88 / 98	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial) American College of Cardiology - Admin Account		Date of Receipt
Mailing Address P.O. Box 85024		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
City	State	Zip Code
Richmond	VA	23285-5024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: CB63DEF2D2AD10846BF
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2029.91"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Reimburse. for February Amex and March Merchant Fees
	<input type="text" value="3460.01"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2029.91"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2029.91"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement March Amex Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V1F0FBA9EB7FFF80F3BC Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2010
	Amount of Each Disbursement this Period 555.09
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address C/O Nova Information Systems 7300 Chapman Hwy <hr/> City Knoxville State TN Zip Code 37920 <hr/> Purpose of Disbursement March Merchant Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: MBF2684AD64A133D9504 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2010
	Amount of Each Disbursement this Period 1820.51
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

2375.60

TOTAL This Period (last page this line number only) ►

2375.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 90 / 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Adler for Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John H. Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 03</p>	<p>Transaction ID: 7490FE004D4DEE7A03E</p> <p>Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) AMERIPAC: The Fund for a Greater America</p> <p>Mailing Address 607 14th Street, NW, Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name AMERIPAC: The Fund for a Greater America</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 20E8C460C47FD6FBB39</p> <p>Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Berkley for Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 5A6131503875A7FE286</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee</p> <p>Mailing Address 6849 Old Dominion Drive Suite 222</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Blue Dog Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 8C7F9826A2FE87C4947</p> <p>Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Carnahan in Congress</p> <p>Mailing Address 7370 Manchester Rd Ste 20</p> <p>City St. Louis State MO Zip Code 63143</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Russ Carnahan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E9D2B984BEF59E9FC7A</p> <p>Date of Disbursement 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Charles A. Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 991AE344B746E9EB4FE</p> <p>Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 04</p>	<p>Transaction ID: D81C54F1B4CC8F6F9F7</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 South Capitol Street, SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Democratic Congressional Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: Contribution</p>	<p>Transaction ID: 5583D59FAC7A6F37920</p> <p>Date of Disbursement 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Roy Blunt</p> <p>Mailing Address PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Roy D. Blunt</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District:</p>	<p>Transaction ID: 79300F4CFA27E6E9495</p> <p>Date of Disbursement 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

20000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Geoff Davis for Congress</p> <p>Mailing Address PO Box 17192</p> <p>City Ft Mitchell State KY Zip Code 41017</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Geoffrey C. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 0901FD2CAC7ACC7D9C2</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress</p> <p>Mailing Address PO Box 12667</p> <p>City Bakersfield State CA Zip Code 93389</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Kevin McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 22</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28700FB47CFB01A77A4</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Leadership Empowerment and Development Political Action Committee (LEAD PAC)</p> <p>Mailing Address PO Box 12073</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Leadership Empowerment and Development Political Action Committee (LEAD PAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 9538E02AEE712BD3476</p> <p>Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Pallone for Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: C21D0EB91AE39401F74</p> <p>Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Price for Congress</p> <p>Mailing Address PO Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Thomas E. Price</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 83ABFF47EC0DF040096</p> <p>Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Prosperity PAC</p> <p>Mailing Address 1006 Pendleton Street</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Prosperity PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 6B28E35FC9F538F30C1</p> <p>Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Robert Aderholt for Congress</p> <p>Mailing Address PO Box 1158</p> <p>City Haleyville State AL Zip Code 35565</p> <p>Purpose of Disbursement Voided 2/18/10 Disbursement</p> <p>Candidate Name Robert B. Aderholt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E8305A7667BBB363C29</p> <p>Date of Disbursement 03 / 23 / 2010</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Scott Murphy for Congress</p> <p>Mailing Address 5 South Side Dr #224</p> <p>City Clifton Park State NY Zip Code 12065</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Scott Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3D59721C0C2C5D55BF6</p> <p>Date of Disbursement 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Searchlight Leadership Fund</p> <p>Mailing Address 607 14th Street, N.W. Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Searchlight Leadership Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 9C116D4E630D2030C33</p> <p>Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Stupak for Congress</p> <p>Mailing Address 817 Ninth Avenue PO Box 156</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Bart Stupak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 01</p>	<p>Transaction ID: 6AD0904150FBA392CF1</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Tidewater PAC</p> <p>Mailing Address 499 S Capitol St SW Suite 404</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Tidewater PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 58C759C9106159A59CD</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Murphy for Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pttsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Timothy F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 270DFFD5845C932004F</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Tim Murphy for Congress <hr/> Mailing Address PO Box 24551 <hr/> City Pttsburgh State PA Zip Code 15234 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Timothy F. Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C44E11DCC4BD458E363 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Todd Akin for Congress <hr/> Mailing Address PO Box 31222 <hr/> City St Louis State MO Zip Code 63131 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Todd Akin <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD77D59168262E703B7 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Tuesday Group Political Action Committee <hr/> Mailing Address PO Box 11586 <hr/> City Washington State DC Zip Code 20008 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Tuesday Group Political Action Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 17AE011D7C722E91E42 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Upton for All of Us</p> <p>Mailing Address PO Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Fredrick Stephen Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 853D2F9899C09AF15DB</p> <p>Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Vern Buchanan for Congress</p> <p>Mailing Address PO Box 48928</p> <p>City Sarasota State FL Zip Code 34230</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Vernon Buchanan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: FF8FA71FD777D835871</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Whitfield for Congress Committee</p> <p>Mailing Address PO Box 391</p> <p>City Hopkinsville State KY Zip Code 42241</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Edward Whitfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: A7CB727062DF82F1ACC</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

TOTAL This Period (last page this line number only) ▶

84500.00