

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 2011 through 03 31 2011

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 19 2011

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									
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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	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		66368.13
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	78453.21									
(c) Total Receipts (from Line 19)	104160.98	150470.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	182614.19	216838.13								
7. Total Disbursements (from Line 31)	102690.31	136914.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	79923.88	79923.88								
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	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	82549.68	118924.70
(ii) Unitemized	20011.96	28461.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)	102561.64	147385.85
(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)	102561.64	147385.85
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)	1599.34	3084.15
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))	104160.98	150470.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	104160.98	150470.00

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.....	1690.31	3164.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1690.31	3164.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	99000.00	131500.00
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	2000.00	2250.00
(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))	2000.00	2250.00
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))..	102690.31	136914.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	102690.31	136914.25

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)	102561.64	147385.85
34. Total Contribution Refunds (from Line 28(d))	2000.00	2250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100561.64	145135.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1690.31	3164.25
37. Offsets to Operating Expenditures (from Line 15, page 3)	1599.34	3084.15
38. Net Operating Expenditures (subtract Line 37 from Line 36)	90.97	80.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 84						
	(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

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 Ct

City State Zip Code
Buffalo Grove IL 60089-4695

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

Name of Employer Occupation
North Shore Cardiologists, SC ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2011

Transaction ID: 4EF5AD6460F2771DE72A

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
David R. Ancona, M.D., F.A.

Mailing Address 603 N Flamingo Rd
Ste 365

City State Zip Code
Pembroke Pines FL 33028-1013

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2011

Transaction ID: A10B15492B7978C2B81

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Frank J. Arena, M.D., F.A.

Mailing Address 54 Preserve Ln

City State Zip Code
Mandeville LA 70471-2937

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

Name of Employer Occupation
Louisiana Heart Center ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: D5F972BE06799B8C64A

Amount of Each Receipt this Period
350.00

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 7 / 84

(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

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

A.

Full Name (Last, First, Middle Initial)
James M. Atkins, M.D., F.A.

Mailing Address 9055 Maple Glen Dr

City State Zip Code
Dallas TX 75231-4845

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

Name of Employer Occupation
University of Texas South-western Medic 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 / 17 / 2011

Transaction ID: 9794F1F9A64ACAD6944

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
C. Noel Bairey Merz, M.D., F.A.

Mailing Address 16664 Cumbre Verde Ct

City State Zip Code
Pacific Palisades CA 90272-1914

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

Name of Employer Occupation
Cedars-Sinai Medical Center PREVENTIVE 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 / 15 / 2011

Transaction ID: 26FBCAB77504FAC764F

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Edward G. Baptista, M.D., F.A.

Mailing Address 2246 Wroxton Rd
Ste 2210-B

City State Zip Code
Houston TX 77005-1536

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

Name of Employer Occupation
Cardiovascular Association INVASIVE 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 / 18 / 2011

Transaction ID: 749EAFCC6D55048B83F

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 8 / 84
	<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

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

A.	Full Name (Last, First, Middle Initial) Scott B. Baron, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 08 / 2011		
	Mailing Address 6347 Coyle Ave		Transaction ID: F6EAA67B68054B89C22		
	City Carmichael	State CA	Zip Code 95608-0438	Amount of Each Receipt this Period 1000.00	
	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 ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Michael A. Basnight, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2011		
	Mailing Address 461 Bayshore Rd		Transaction ID: BA10F04438B2B81F146		
	City Nokomis	State FL	Zip Code 34275-1909	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Heart Center 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			

C.	Full Name (Last, First, Middle Initial) George P. Bekic, D.O., F.A.		Date of Receipt MM / DD / YYYY 03 / 31 / 2011		
	Mailing Address 502 Cherry Ln		Transaction ID: A1C5E3AA38170661CB3		
	City Lumberton	State NC	Zip Code 28358-2350	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Southeastern Cardiology, P.A.	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)	▶	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 9 / 84
	<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	

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

A.	Full Name (Last, First, Middle Initial) Robert E. Benton, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 9 Hunts End Ln	Transaction ID: 39D0E48AA45344FCB66
	City Albany State NY Zip Code 12211-1956	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Samaritan Medical Arts Building	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) Mark G. Berry, D.O., F.A.	Date of Receipt MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 1987 Nicole Rd	Transaction ID: 0CFD1CCD1FA01575E69
	City Fort Dodge State IA Zip Code 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	
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) Michael N. Boriss, D.O., F.A.	Date of Receipt MM / DD / YYYY 03 / 30 / 2011
	Mailing Address 1002 Willetts Rd	Transaction ID: C22BAE81FF2AF12B859
	City Marmora State NJ Zip Code 08223-1001	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Regional Heart and Lung Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
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 10 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William A. Bradley, M.D., F.A.
 Mailing Address 210 Cornell Street Suite #101
 City State Zip Code
 Plattsburgh NY 12901
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 11 / 2011
Transaction ID: 54F521163DBAA5918B5
 Amount of Each Receipt this Period
 375.00
 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) ▼ 375.00

B. Full Name (Last, First, Middle Initial)
Lawrence D. Brenner, M.D., F.A.
 Mailing Address 5702 Ocean Dr
 City State Zip Code
 Crp Christi TX 78412-2848
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2011
Transaction ID: E492ADB1E9B2CCC5D84
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Corpus Christi Heart Clinic & Vascular ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
Bruce R. Brodie, M.D., F.A.
 Mailing Address 313 Meadowbrook Ter
 City State Zip Code
 Greensboro NC 27408-6529
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2011
Transaction ID: 7A1A5EE610DFB4F0704
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of NC Teaching ServiceMoses ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 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 11 / 84

(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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alan S. Brown, M.D., F.A.

Mailing Address 1912 Alta Vista Ct

City

Naperville

State

IL

Zip Code

60563-1815

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

M M / D D / Y Y Y Y
03 / 30 / 2011

Transaction ID: 4353832FA965E0C8AEA8

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David J. Broza, M.D., F.A.

Mailing Address 70 Kenyon Ave
Unit 321

City

Wakefield

State

RI

Zip Code

02879-4253

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

M M / D D / Y Y Y Y
03 / 17 / 2011

Transaction ID: E6DD795C848A439F11F

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John T. Cardone, M.D., F.A.

Mailing Address 19 Woodland St
Ste 35

City

Hartford

State

CT

Zip Code

06105-2335

FEC ID number of contributing federal political committee.

C

Name of Employer
Central Connecticut Cardi-
ologists, LLC

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
03 / 28 / 2011

Transaction ID: 4AE95188CA19C5A55A8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

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 12 / 84
(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
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NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
John E. Cebe, M.D., F.A.
Mailing Address 707 McDaniel Ave
City Greenville State SC Zip Code 29605-2831
FEC ID number of contributing federal political committee. **C**
Name of Employer Upstate Cardiology, P.A. Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 30 / 2011
Transaction ID: 23C3014D1F0468D1AD5
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Samuel S. Chan, M.B.B.S.,
Mailing Address 196 Canal St
City New York State NY Zip Code 10013-4516
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 / 17 / 2011
Transaction ID: B1583C0BDF86C79FA89
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Hollace D. Chastain, II, M.D.,
Mailing Address 1819 Braemar Dr
City Fort Wayne State IN Zip Code 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 03 / 30 / 2011
Transaction ID: 45DDA1E158CEFA7A9F5E
Amount of Each Receipt this Period 100.00

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 13 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Leonid Chernov, M.D., F.A.
 Mailing Address 2310 65th St
Ste 2
 City State Zip Code
Brooklyn NY 11204-4089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Amber Heart Medical PC 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 / 2011
Transaction ID: F127D6E72CC284EBD05
 Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Michael P. Cinquegrani, M.D., F.A.
 Mailing Address 14755 Ridgemoor Dr
 City State Zip Code
Elm Grove WI 53122-1135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Medical College of Wisconsin 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 Y
 03 / 17 / 2011
Transaction ID: 9340BA6500D5C8C1186
 Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Christopher R. Cole, M.D., F.A.
 Mailing Address 2222 N Nevada Ave
Ste 4007
 City State Zip Code
Colorado Springs CO 80907-6863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Self-Employed ELECTROPHYSIOLOGY
 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 / 18 / 2011
Transaction ID: A4E7CA2AEB88628211D
 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 14 / 84
	<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	

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

A.	Full Name (Last, First, Middle Initial) Lianna S. Collinge, B.S.	Date of Receipt MM / DD / YYYY 03 / 08 / 2011
	Mailing Address 4014 88th Ave NW	Transaction ID: 4B94AD6605C27F86F523
	City State Zip Code Gig Harbor WA 98335-6157	Amount of Each Receipt this Period 88.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Washington Chapter of the ACC	Occupation Cardiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 426.02	

B.	Full Name (Last, First, Middle Initial) Lianna S. Collinge, B.S.	Date of Receipt MM / DD / YYYY 03 / 25 / 2011
	Mailing Address 4014 88th Ave NW	Transaction ID: 464F84E90B8C518D0723
	City State Zip Code Gig Harbor WA 98335-6157	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
Name of Employer Washington Chapter of the ACC	Occupation Cardiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 426.02	

C.	Full Name (Last, First, Middle Initial) William G. Combs, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 14 / 2011
	Mailing Address 5722 Ricky Ridge Trl	Transaction ID: CC0A8AB9E74E9C94F60
	City State Zip Code Orefield PA 18069-8800	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Heart Care Group, P.C.	Occupation INTERVENTIONAL 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)	1171.34
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 15 / 84
	<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

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

A.	Full Name (Last, First, Middle Initial) Steven J. Compton, M.D., F.A.		Date of Receipt	
	Mailing Address 3841 Piper St # T100		M M / D D / Y Y Y Y Y 03 / 14 / 2011	
	City	State	Zip Code	Transaction ID: E32474056C870177B81
	Anchorage	AK	99508-4624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
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 ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Jorge L. P. Constantino, M.D., F.A.		Date of Receipt	
	Mailing Address 45 Voyage Dr		M M / D D / Y Y Y Y Y 03 / 17 / 2011	
	City	State	Zip Code	Transaction ID: 4FC38C5FCEA100C87D2
	Glenmont	NY	12077-3515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
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 ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Taylor Cope, M.D., F.A.		Date of Receipt	
	Mailing Address 3611 W 183rd St		M M / D D / Y Y Y Y Y 03 / 17 / 2011	
	City	State	Zip Code	Transaction ID: E4D8B3403DF318E5FF2
	Hazel Crest	IL	60429-2409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. 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)	▶	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 16 / 84
	<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	

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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 MM / DD / YYYY 03 / 08 / 2011
Mailing Address 276 Stratton Pl		Transaction ID: 47EE8A2210C19BC2B511
City Brentwood	State TN	Zip Code 37027-4228
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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 ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Gregory J. Dehmer, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 14 / 2011
Mailing Address 3214 River Place Dr		Transaction ID: E51EF75739A0210707D
City Belton	State TX	Zip Code 76513-1016
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Scott & White ClinicCardiology Divisio	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) Michael G. DeVita, D.O., F.A.		Date of Receipt MM / DD / YYYY 03 / 28 / 2011
Mailing Address 1640 Route 88 Ste 201		Transaction ID: 2172AA27ACF823A6192
City Brick	State NJ	Zip Code 08724-3068
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 365.00	
Name of Employer Shore Cardiology Consultants	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: PAGE 17 / 84
(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
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NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Thomas C. Dickinson, M.D., F.A.

Mailing Address 1415 Magna Ct

City State Zip Code
Orlando FL 32804-8048

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

Name of Employer Self-Employed Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 17 / 2011
Transaction ID: A77B8EAED44E5B8DE4A
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Rodoljub Z. Dimitrijevic, M.D., F.A.

Mailing Address 3361 Chickering Ln

City State Zip Code
Bloomfield Hills MI 48302-1415

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

Name of Employer Self-Employed Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 17 / 2011
Transaction ID: C2DDB02F83A0C58B267
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Raymond E. Dusman, Jr., M.D.,

Mailing Address 2109 Turnberry Ln

City State Zip Code
Fort Wayne IN 46814-9394

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

Name of Employer Fort Wayne Cardiology Occupation
Fort Wayne Cardiology ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 14 / 2011
Transaction ID: 8E3FAE1FBE97BAB60DA
Amount of Each Receipt this Period: 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: PAGE 18 / 84
(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
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NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Gary Dykstra, D.O., F.A.

Mailing Address 3110 North Rd

City State Zip Code
Bartlesville OK 74006-4706

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
M M / D D / Y Y Y Y Y
03 / 17 / 2011

Transaction ID: 4713D0AA363ED1D6FD3

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Leland W. Eaton, M.D., F.A.

Mailing Address 522 Bristol Ln

City State Zip Code
Birmingham AL 35226-1947

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

Name of Employer
Kirklan Clinic at Action Rd Occupation
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 / 28 / 2011

Transaction ID: 303107C7A006070D09E

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Sheldon B. Eisenberg, M.D., F.A.

Mailing Address 18 Rose Ave

City State Zip Code
Woodcliff Lake NJ 07677-7925

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

Name of Employer
Westwood Cardiology Associates Occupation
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 / 01 / 2011

Transaction ID: 662063BC0B885B3BB96

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: PAGE 19 / 84
(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

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

A. Full Name (Last, First, Middle Initial)
Peter J. Epstein, M.D., F.A.
Mailing Address 3 Clover Dr
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 / 15 / 2011
Transaction ID: FB10400EACFED6442C7
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Daniel W. Esper, M.D., F.A.
Mailing Address 100 Glen Hollow Dr
City State Zip Code
Slingerlands NY 12159-9002
FEC ID number of contributing federal political committee. **C**
Name of Employer Capital Cardiology Associates Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY 03 / 17 / 2011
Transaction ID: 845535C426D68FD9B83
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Chester J. Falterman, M.D., F.A.
Mailing Address 1458 Avellino Cir
City State Zip Code
Murfreesboro TN 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 MM / DD / YYYY 03 / 25 / 2011
Transaction ID: 4756B21F5C3C8CBE46EE
Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional) ► **833.33**
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 20 / 84
	<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	

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

A.	Full Name (Last, First, Middle Initial) James Vannoy Faris, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 14 / 2011
	Mailing Address 3716 E Devonshire Ln	Transaction ID: 2FC33085A4BBE403AA3
	City State Zip Code Bloomington IN 47408-9654	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Internal Medicine Associates	Occupation INTERVENTIONAL 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) James W. Fasules, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 05 / 2011
	Mailing Address 2718 Stephenson Ln NW	Transaction ID: 4AC197A51DA620ECD6C5
	City State Zip Code Washington DC 20015-1504	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American College of Cardiology	Occupation PEDIATRIC CARD.	
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) Robert J. Ferraro, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 5351 Lake Pleasant Rd	Transaction ID: ED2276320C1DB228A58
	City State Zip Code Erie PA 16509-3837	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)	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: PAGE 21 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kevin Fitzpatrick, PA-C
Mailing Address 2400 N St NW
City Washington State DC Zip Code 20037-1153
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 ▼ 249.99
Date of Receipt 03 / 25 / 2011
Transaction ID: 45AEAE6AFA6D38CA4360
Amount of Each Receipt this Period 83.33

B. Full Name (Last, First, Middle Initial)
Philip J. Fitzpatrick, M.D., F.A.
Mailing Address 81 Campbell Rd
City Bedford State NH Zip Code 03110-4505
FEC ID number of contributing federal political committee. **C**
Name of Employer New England Heart Institute Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 24 / 2011
Transaction ID: 996DF5F01B122154AF3
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Robert C. Florek, M.D., F.A.
Mailing Address 1040 NW 22nd Ave Ste 660
City Portland State OR Zip Code 97210-3083
FEC ID number of contributing federal political committee. **C**
Name of Employer Pacific Heart Associates PC Occupation ELECTROPHYSIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 30 / 2011
Transaction ID: 2460677FA3D82213EF8
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **833.33**
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 22 / 84
(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

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

A.

Full Name (Last, First, Middle Initial) Gordon L. Fung, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 07 / 2011	
Mailing Address 1600 Divisadero St # 1609		Transaction ID: 454B8BE54E24315FF8C0	
City San Francisco	State CA	Zip Code 94115-3010	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			
Name of Employer UCSF Medical Center at Mt. Zion	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) Ronald M. Gabor, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 28 / 2011	
Mailing Address 2394 NW 49th Ln Ste 304		Transaction ID: 087C4F3DE79D795D1A1	
City Boca Raton	State FL	Zip Code 33431-4333	Amount of Each Receipt this Period 300.00
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 ▼ 300.00		

C.

Full Name (Last, First, Middle Initial) Richard S. Gerber, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 30 / 2011	
Mailing Address 230 San Jose St		Transaction ID: 08D21C1326EB3EA4C25	
City Salinas	State CA	Zip Code 93901-3901	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Central Coast 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)	633.33
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 23 / 84
	<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) Carl J. Gessler, Jr., M.D.,		Date of Receipt
	Mailing Address 516 Eustis Ave SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 22 / 2011
	City	State	Zip Code
	Huntsville	AL	35801-4112
	FEC ID number of contributing federal political committee. C		Transaction ID: 7FC97F1D17562B5ABA7
Name of Employer The Heart Center, PCATTN: Accounts Pay		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"/> 2500.00
		<input type="text"/> 2500.00	

B.	Full Name (Last, First, Middle Initial) Linda D. Gillam, M.D., F.A.		Date of Receipt
	Mailing Address 55 Old Farm Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 11 / 2011
	City	State	Zip Code
	Hamden	CT	06517-1615
	FEC ID number of contributing federal political committee. C		Transaction ID: 4E8F0FDFF1F74490710
Name of Employer Self-Employed		Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY	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"/> 1000.00
		<input type="text"/> 1000.00	

C.	Full Name (Last, First, Middle Initial) William S. Gillen, M.D., F.A.		Date of Receipt
	Mailing Address 4 Little Bluff Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 30 / 2011
	City	State	Zip Code
	Newport News	VA	23606-2817
	FEC ID number of contributing federal political committee. C		Transaction ID: F4B43B557CA284214F2
Name of Employer Cardiovascular Center		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
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3750.00
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: (check only one)	PAGE 24 / 84
	<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	

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

A.

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

Mailing Address 100 Prospect St

City Providence State RI Zip Code 02906-1446

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 / 03 / 2011

Transaction ID: 4004ACD093ABC4657E26

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Brian M. Go, M.D., F.A.

Mailing Address 1037 Stradshire Dr

City Raleigh State NC Zip Code 27614-8365

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 03 / 17 / 2011

Transaction ID: 6BFF82CEEE97FFFD1B0

Amount of Each Receipt this Period 750.00

C.

Full Name (Last, First, Middle Initial)
Darlene M. Go, M.D., F.A.

Mailing Address 9701 Chestnut Ridge Dr

City Windermere State FL Zip Code 34786-8944

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

Name of Employer Cardiology Associates of Brevard Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2011

Transaction ID: 4936C57C850FFEB3F51

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 25 / 84
	<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	

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

A.	Full Name (Last, First, Middle Initial) Maureen B. Goldring, M.D., F.A.		Date of Receipt	
	Mailing Address 2467 SW Arden Rd		M M / D D / Y Y Y Y Y 03 / 11 / 2011	
	City	State	Zip Code	Transaction ID: B1044AF989E34D13A2C
	Portland	OR	97201-1601	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer NW Cardiovascular Institute		Occupation CLINICAL CARDIOLOGY/GENERAL 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) Robert J. Golub, M.D., F.A.		Date of Receipt	
	Mailing Address 26 Acorn Dr		M M / D D / Y Y Y Y Y 03 / 17 / 2011	
	City	State	Zip Code	Transaction ID: 3C37ED0650EC988D8F8
	Bethany	CT	06524-3383	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Cardiology Associates of Central Conne		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) Peter R. Gray, M.D., Ph.D		Date of Receipt	
	Mailing Address PO Box 4860		M M / D D / Y Y Y Y Y 03 / 18 / 2011	
	City	State	Zip Code	Transaction ID: 42F3947B41D79E8CD64B
	Queensbury	NY	12804-0860	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		100.00		
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)	▶	600.00
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 26 / 84
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A. Full Name (Last, First, Middle Initial)
Frank J. Green, M.D., F.A.
Mailing Address 10590 N Meridian St
City Indianapolis State IN Zip Code 46290-1028
FEC ID number of contributing federal political committee. **C**
Name of Employer The Care Group Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 28 / 2011
Transaction ID: 1633CCB15A6B327D534
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Thomas A. Haffey, D.O., F.A.
Mailing Address 7089 Orchard St
City Arvada State CO Zip Code 80007-6910
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 / 08 / 2011
Transaction ID: FFF2D3C1FF5D7F95297
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Kenneth Aaron Hahn, M.D., F.A.
Mailing Address 1462 S Colorado St Apt 2F
City Greenville State MS Zip Code 38703-7263
FEC ID number of contributing federal political committee. **C**
Name of Employer Delta Regional Medical Center Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 03 / 11 / 2011
Transaction ID: 9A05420C7778E58C617
Amount of Each Receipt this Period 450.00

SUBTOTAL of Receipts This Page (optional) ► 2450.00
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 27 / 84
	<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	

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

A.	Full Name (Last, First, Middle Initial) Katherine Hays, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 24 / 2011		
	Mailing Address 400 Nantucket Blvd		Transaction ID: D6AF14473A98839B46E		
	City Norman	State OK	Zip Code 73071-7101	Amount of Each Receipt this Period 250.00	
	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 ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) John C. Henderson, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 14 / 2011		
	Mailing Address 2900 Hawkins Dr		Transaction ID: 0F53A92112BD1A45F75		
	City Searcy	State AR	Zip Code 72143-4802	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer John C. Henderson, MD, PA		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) Douglas L. Hill, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 17 / 2011		
	Mailing Address 3375 Mount Vernon Rd		Transaction ID: 2FBF046CC70AD12F914		
	City Tupelo	State MS	Zip Code 38804-7097	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiology Associates of North Mississ		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: (check only one)	PAGE 28 / 84
	<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

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

A.	Full Name (Last, First, Middle Initial) J. Daniel Hill, Jr., M.D.,	Date of Receipt MM / DD / YYYY 03 / 30 / 2011
	Mailing Address 281 Monte Vista Ridge Rd	Transaction ID: 92A16C3EA2775C84CBC
	City State Zip Code Orinda CA 94563-1627	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Berkeley Cardiovascular Medical Group	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Jerome L. Hines, M.D., Ph.D	Date of Receipt MM / DD / YYYY 03 / 21 / 2011
	Mailing Address 11 Salt Creek Ln Ste 2	Transaction ID: 476A839C50F5862F640D
	City State Zip Code Hinsdale IL 60521-3032	Amount of Each Receipt this Period 83.34
	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 ▼ 250.02	

C.	Full Name (Last, First, Middle Initial) Frank A. Hobart, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 11 / 2011
	Mailing Address 2150 Shipyard Blvd	Transaction ID: 4C81FD687747C2652D0
	City State Zip Code Wilmington NC 28403-8052	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Coastal Cardiology Associates, P.A.	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)	983.34
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 29 / 84
	<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	

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

A.

Full Name (Last, First, Middle Initial) Zachary I. Hodes, M.D., Ph.D		Date of Receipt MM / DD / YYYY 03 / 17 / 2011
Mailing Address 637 Bryn Mawr Dr		Transaction ID: 4F33C8105F72B256059
City Indianapolis	State IN	Zip Code 46260-4735
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 270.00	
Name of Employer The Care Group, L.L.C.	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

B.

Full Name (Last, First, Middle Initial) Chadwick Huggins, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 14 / 2011
Mailing Address 6 Tomochichi Ln Ste 400		Transaction ID: E8D5C47F576D58FCA4F
City Savannah	State GA	Zip Code 31411-1608
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Cardiovascular Consultants, P.C.	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) Anand M. Irimpen, M.B.B.S.,		Date of Receipt MM / DD / YYYY 03 / 17 / 2011
Mailing Address 243 Hollywood Dr		Transaction ID: AC03A74885D65C62F81
City Metairie	State LA	Zip Code 70005-3919
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Tulane University Tulane Medical Center	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)	▶	770.00
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 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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 4009 Orchard Dr
Ste 3019

City Midland State MI Zip Code 48640-6111

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

Name of Employer MPG Electrophysiology Occupation ELECTROPHYSIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 28 / 2011
Transaction ID: C147E3BD25C9A74A0DF
Amount of Each Receipt this Period 365.00

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

Mailing Address 5019 Littlebury Rd SE

City Huntsville State AL Zip Code 35802-1826

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

Name of Employer Self-Employed Occupation PEDIATRIC CARD.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2011
Transaction ID: 0B92F9F905D38CE5E7E
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Robert S. Iwaoka, M.D., F.A.

Mailing Address 7342 Governors Hill Ln

City Charlotte State NC Zip Code 28211-5016

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

Name of Employer Mid Carolina Cardiology Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2011
Transaction ID: 0DC304FB8C2B1172DEB
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 31 / 84
(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

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

A.

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

Mailing Address 3610 Wyncote Ln

City State Zip Code
Fairway KS 66205-2739

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 / 17 / 2011

Transaction ID: 44CDC80F274A06EB117

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Walter E. James, M.D., F.A.

Mailing Address 106 Fair Oaks Ln

City State Zip Code
Greenwood SC 29646-9273

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

Name of Employer Piedmont Cardiology Assoc Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: 87B75DB37132B016F92

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Lee W. Jordan, M.D., F.A.

Mailing Address 3535 Olentangy River Rd

City State Zip Code
Columbus OH 43214-3908

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

Name of Employer Heart Disease Management Clinic, Rmh Occupation
HEART FAILURE/TRANSPLANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: CC25485300A62CD8E14

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 32 / 84
	<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	

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

A.	Full Name (Last, First, Middle Initial) Richard A. Josephson, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 01 / 2011		
	Mailing Address 1988 Four Seasons Dr		Transaction ID: 9F61A3FF319FAC11802		
	City Akron	State OH	Zip Code 44333-1872	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Case Medical Center/University Hospi ta		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

B.	Full Name (Last, First, Middle Initial) Richard A. Josephson, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 28 / 2011		
	Mailing Address 1988 Four Seasons Dr		Transaction ID: 0E55387AD75BF54A467		
	City Akron	State OH	Zip Code 44333-1872	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Case Medical Center/Unive rsity Hospi ta		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) John A. Kao, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 08 / 2011		
	Mailing Address 2918 Manoa Rd		Transaction ID: E5EEDABDE51E7D08DA8		
	City Honolulu	State HI	Zip Code 96822-1755	Amount of Each Receipt this Period 365.00	
	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 ▼ 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: (check only one)	PAGE 33 / 84
	<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	

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

A.

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

Mailing Address 25 Dove Run

City Pinehurst State NC Zip Code 28374-9657

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 / 17 / 2011

Transaction ID: DC2181CC5F06C11104C

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Joseph M. Kiernan, III, M.D.,

Mailing Address 201 Ridgewood Ct NE

City Vienna State VA Zip Code 22180-3571

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

Name of Employer The Cardiovascular Group, PC Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2011

Transaction ID: F0B7CF943DD14B058A0

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
J. Patrick Kleaveland, M.D., F.A.

Mailing Address 2188 S Cedar Crest Blvd

City Allentown State PA Zip Code 18103-9600

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

Name of Employer Lehigh Valley Heart Specialists Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2011

Transaction ID: 0679F813ED25753C0F5

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 34 / 84
(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

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

A.

Full Name (Last, First, Middle Initial)
Charles H. Koo, M.D., F.A.

Mailing Address 7 North St

City State Zip Code
Rumson NJ 07760-1609

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

Name of Employer: Monmouth Cardiology, LLC
Occupation: ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 808C5AFA4AB3E53D9DD

Amount of Each Receipt this Period
400.00

B.

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

Mailing Address 3350 E Finger Rock Cir

City State Zip Code
Tucson AZ 85718-1370

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

Name of Employer: Heart Care of Southern ArizonaDesert C
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2011

Transaction ID: 6547030D0F44C6641BC

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Avinash A. Kothavale, M.D., F.A.

Mailing Address 2 Holden Ln

City State Zip Code
Madison NJ 07940-2614

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

Name of Employer: Summit Medical Group
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2011

Transaction ID: 6E5EC839-CE18-47BF-

Amount of Each Receipt this Period
500.00

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 35 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Julie A. Kovach, M.D.
Mailing Address 6423 Heron Ct
City Ann Arbor State MI Zip Code 48103-9791
FEC ID number of contributing federal political committee. **C**
Name of Employer Jackson Cardiology Associates Occupation ADULT CONGENITAL CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 03 / 28 / 2011
Transaction ID: 981F0702C7F635703BA
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
David O. Kovacich, M.D., F.A.
Mailing Address 5251 Cheyenne Moon
City Carmel State IN Zip Code 46033-8897
FEC ID number of contributing federal political committee. **C**
Name of Employer Indiana Heart Physicians, Inc Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 14 / 2011
Transaction ID: 8DA157444FA2D37B22A
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
David O. Kovacich, M.D., F.A.
Mailing Address 5251 Cheyenne Moon
City Carmel State IN Zip Code 46033-8897
FEC ID number of contributing federal political committee. **C**
Name of Employer Indiana Heart Physicians, Inc Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 30 / 2011
Transaction ID: E03CA24248782744A52
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 36 / 84
(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 B. Lam, M.D., F.A.

Mailing Address 142 Winter Quarters Dr

City State Zip Code
Houma LA 70360-2510

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

Name of Employer Cardiovascular Institute of the South
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2011

Transaction ID: CB78295CDE1B6C9C666

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 6405 France Ave S
Ste W200

City State Zip Code
Minneapolis MN 55435-2186

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

Name of Employer Minnesota Heart Clinic
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2011

Transaction ID: 10CA4D0CB9F613B4EE4

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
James S. Lee, M.D., F.A.

Mailing Address 1708 Hillcrest Rd NE

City State Zip Code
Cullman AL 35055-2125

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

Name of Employer HeartCare, PC
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2011

Transaction ID: 0EA61E3B8396558D5E2

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 37 / 84
	<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	

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

A.	Full Name (Last, First, Middle Initial) Leonard Lefkovic, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 17 / 2011		
	Mailing Address 26 Callan Ave		Transaction ID: 4AF0BCFD9AB13DB7F6B		
	City Staten Island	State NY	Zip Code 10304-1304	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Regan McGinn, P.C.	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) Thomas J. Lewandowski, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 08 / 2011		
	Mailing Address 113 Limekiln Dr		Transaction ID: 4697BEC18FA6504030EC		
	City Neenah	State WI	Zip Code 54956-4213	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Appleton Cardiology Associates	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) James Liguori, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 17 / 2011		
	Mailing Address 6510 S Hazelton Ln Unit 140		Transaction ID: 8A3130F0D1D0BEB6157		
	City Tempe	State AZ	Zip Code 85283-3226	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Premier Cardiovascular Center PLC	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)	▶	650.00
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 38 / 84
(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

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

A. Full Name (Last, First, Middle Initial)
Peter E. Linz, M.D., F.A.
Mailing Address 777 Jacqueline Ct
City Encinitas State CA Zip Code 92024-6657
FEC ID number of contributing federal political committee. **C**
Name of Employer United States Navy Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 11 / 2011
Transaction ID: CF3F63ABDB17348EE08
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Timothy N. Logemann, M.D., F.A.
Mailing Address 500 Wind Ridge Dr
City Wausau State WI Zip Code 54401-4173
FEC ID number of contributing federal political committee. **C**
Name of Employer Cardiovascular Associates- of Northern W Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00
Date of Receipt 03 / 30 / 2011
Transaction ID: 467A3C93B3FB310A170
Amount of Each Receipt this Period 375.00

C. Full Name (Last, First, Middle Initial)
Gerard R. Martin, M.D., F.A.
Mailing Address 202 Primrose St
City Chevy Chase State MD Zip Code 20815-3323
FEC ID number of contributing federal political committee. **C**
Name of Employer Center for Heart, Lung & Kidney Diseases Occupation PEDIATRIC CARD.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 01 / 2011
Transaction ID: BB32473A3F83F466CB6
Amount of Each Receipt this Period 1000.00

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 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Walter E. Mashman, M.D., F.A.
 Mailing Address 926 Lullwater Rd NE
 City Atlanta State GA Zip Code 30307-1242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiac Disease Specialists Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 03 / 17 / 2011
Transaction ID: 170E46ADC041BA7C62F
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
David M. Masiak, D.O., F.A.
 Mailing Address 1613 Stonington Cir
 City North Wales State PA Zip Code 19454-3676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiology Consultants of Philadelphia Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 03 / 30 / 2011
Transaction ID: D32AF45B96AAA966F50
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dale S. McDowell, Jr., M.D.,
 Mailing Address 11215 Merganser Rd
 City Klamath Falls State OR Zip Code 97601-8629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Klamath Heart Clinic Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 03 / 15 / 2011
Transaction ID: 7A143DFFFCC355B11EC
 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 40 / 84
	<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	

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

A.	Full Name (Last, First, Middle Initial) Scott A. McKee, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 05 / 2011
	Mailing Address 55 Whitcher St NE	Transaction ID: FE9A4D40-8F85-468A-
	City State Zip Code Marietta GA 30060-1155	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Cardiovascular Medicine, P.C. 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) Gregor M. McKendrick, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 28 / 2011
	Mailing Address 715 Arbor Ct	Transaction ID: ABB0FA58F50AF512993
	City State Zip Code Bloomfield Hills MI 48304-2801	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 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) Ronald V. Miller, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 28 / 2011
	Mailing Address 23755 Woodlyne Dr	Transaction ID: 877C2A2F87B2C641CC4
	City State Zip Code Bingham Farms MI 48025-3400	Amount of Each Receipt this Period 1000.00
	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 ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2365.00
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 / 84 (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

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

<p>A. Full Name (Last, First, Middle Initial) Michael J. Mirro, M.D., F.A.</p> <p>Mailing Address 2005 Prestwick Ln</p> <p>City State Zip Code Fort Wayne IN 46814-9317</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Fort Wayne Cardiology Corporation</p> <p>Occupation ADULT CARDIOLOGY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: 4F2BA86BF71E67E800E9</p> <p>Amount of Each Receipt this Period 100.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	1	1												

<p>B. Full Name (Last, First, Middle Initial) David M. Mokotoff, M.D., F.A.</p> <p>Mailing Address 5398 Park St N Ste 1-E</p> <p>City State Zip Code Saint Petersburg FL 33709-1041</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Bay Area Heart Center</p> <p>Occupation ADULT CARDIOLOGY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: 85F7653207495D61D5E</p> <p>Amount of Each Receipt this Period 250.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	1	1												

<p>C. Full Name (Last, First, Middle Initial) Gerald V. Naccarelli, M.D., F.A.</p> <p>Mailing Address 1600 Nottingham Dr</p> <p>City State Zip Code Hummelstown PA 17036-8712</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Penn State Milton S. Hershey Medical C</p> <p>Occupation ADULT CARDIOLOGY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: 69EB695DF56C78CCC15</p> <p>Amount of Each Receipt this Period 250.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	7		2	0	1	1												

<p>SUBTOTAL of Receipts This Page (optional)</p>	600.00
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER: PAGE 42 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Chakram Nalini, M.D., F.A.
Mailing Address 110 Spyglass Dr
City Blue Bell State PA Zip Code 19422-3216
FEC ID number of contributing federal political committee. **C**
Name of Employer Cardiovascular Associates of Southern
Occupation ECHOCARDIOGRAPHY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 03 / 28 / 2011
Transaction ID: F441EEA80CCE241B83E
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
David L. Navratil, M.D., F.A.
Mailing Address 1967 Davina St
City Henderson State NV Zip Code 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 03 / 17 / 2011
Transaction ID: 774E3327FCBCC817675
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Peter K. O'Brien, M.D., F.A.
Mailing Address 105 Lambeth Ct
City Lynchburg State VA Zip Code 24503-2148
FEC ID number of contributing federal political committee. **C**
Name of Employer The Cardiovascular Group
Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 03 / 28 / 2011
Transaction ID: 89B999EA664E5F85D59
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00
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 43 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Charles D. O'Shaughnessy, M.D., F.A.
 Mailing Address 32411 Nottingham Dr
 City Avon Lake State OH Zip Code 44012-2192
 Date of Receipt 03 / 14 / 2011
Transaction ID: 220DFFD16080AE7ADF9
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Ohio Heart Center Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

B. Full Name (Last, First, Middle Initial)
Louis M. Papandrea, M.D., F.A.
 Mailing Address 7 Durham Ct
 City Delmar State NY Zip Code 12054-3839
 Date of Receipt 03 / 31 / 2011
Transaction ID: FDF9F5354D3569EED7C
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

C. Full Name (Last, First, Middle Initial)
Mayank K. Parikh, M.B.B.S.,
 Mailing Address 3 Millcroft Pl
 City Sugar Land State TX Zip Code 77479-4203
 Date of Receipt 03 / 28 / 2011
Transaction ID: 1BA2DD886F3A21A9509
 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 365.00

SUBTOTAL of Receipts This Page (optional) ► 1365.00
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 / 84
	<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	

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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.		Date of Receipt MM / DD / YYYY 03 / 17 / 2011		
	Mailing Address 1105 E Massachusetts Ave		Transaction ID: 4F13E8DCF9EE3CF34EF		
	City Southern Pines	State NC	Zip Code 28387-6737	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pinehurst Med. Clin., 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			

B.	Full Name (Last, First, Middle Initial) Ross C. Peterson, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 14 / 2011		
	Mailing Address 4205 Woodbrook Lndg		Transaction ID: 49FCBE801CDF1C6EF52		
	City Erie	State PA	Zip Code 16506-7017	Amount of Each Receipt this Period 1200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Consultants in Cardiovascular Diseases	Occupation NON-INVASIVE CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

C.	Full Name (Last, First, Middle Initial) Arthur H. Popkave, II, M.D.,		Date of Receipt MM / DD / YYYY 03 / 04 / 2011		
	Mailing Address 1000 Coventry Dr		Transaction ID: E5D1FF60-FBF4-44AC-		
	City Phillipsburg	State NJ	Zip Code 08865-1980	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Two Rivers Cardiology 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			

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
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 45 / 84
(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

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

A. Full Name (Last, First, Middle Initial)
Brian D. Powell, M.D., F.A.

Mailing Address 200 1st St SW
Gonda 5-209

City State Zip Code
Rochester MN 55905-0001

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

Name of Employer Mayo Clinic Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2011

Transaction ID: FC073FE0C748EB2E57F

Amount of Each Receipt this Period
250.00

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

Mailing Address 11 Bowdoin Dr

City State Zip Code
Falmouth ME 04105-2557

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

Name of Employer Maine Cardiology Associates Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 12 / 2011

Transaction ID: 490EAB00618F29E69BC6

Amount of Each Receipt this Period
83.33

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

Mailing Address 13343 Edinburgh Dr

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 / 15 / 2011

Transaction ID: FB021E22DFE4A0A2B51

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **1833.33**

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 46 / 84

(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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Martha J. Radford, M.D., F.A.

Mailing Address 630 1st Ave
Apt 31B

City State Zip Code
New York NY 10016-4233

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

Name of Employer Occupation
New York University Hospitals Center ADMINISTRATION

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

Date of Receipt

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

Transaction ID: 645D690A4E8D5502845

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Peter S. Rahko, M.D., F.A.

Mailing Address 3410 Noll Valley Cir

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
0 3 / 1 4 / 2 0 1 1

Transaction ID: D6548C59FA493BA73A9

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Atul A. Ramachandran, M.D., F.A.

Mailing Address 13231 Nicholas Cir

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 CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

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

Transaction ID: 589EC482DF7A9A6E6B6

Amount of Each Receipt this Period

600.00

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: PAGE 47 / 84
(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

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

A. Full Name (Last, First, Middle Initial)
David Ramos, M.D., F.A.
Mailing Address 1100 Forrest Ave

City State Zip Code
Dover DE 19904-3309

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

Name of Employer: Medical Office Building Occupation: ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 17 / 2011
Transaction ID: 0C6B32294CC29F4750F
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Nathaniel Reichek, M.D., F.A.
Mailing Address 2 British Colony Rd

City State Zip Code
Fort Salonga NY 11768-1401

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

Name of Employer: St. Francis Hospital Research and Educ Occupation: MR/CT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 14 / 2011
Transaction ID: CF6FD526C548D8F1214
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Paul Reiter, M.D., F.A.
Mailing Address 214 Millbrook Ave

City State Zip Code
Hurley NY 12443-5612

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 / 17 / 2011
Transaction ID: FAF7D04351046BF53CF
Amount of Each Receipt this Period: 250.00

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 48 / 84
(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

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

A.

Full Name (Last, First, Middle Initial)
William H. Resh, M.D., F.A.

Mailing Address 2017 Troon Dr

City Henderson State NV Zip Code 89074-0669

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 / 17 / 2011

Transaction ID: 4F947C8EA51921330B6

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Frederic S. Resnic, M.D., F.A.

Mailing Address 75 Francis St
Cardiovascular Division

City Boston State MA Zip Code 02115-6110

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 / 01 / 2011

Transaction ID: 1CDA15196BE717B3DB3

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 17480 High St

City Los Gatos State CA Zip Code 95030-6200

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 / 22 / 2011

Transaction ID: FC0172CD4BE73AAE025

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 49 / 84
	<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

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

A.	Full Name (Last, First, Middle Initial) Michael E. Ring, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 11 / 2011		
	Mailing Address 122 W 7th Ave Ste 310		Transaction ID: 3D1DF172D8362415DFA		
	City Spokane	State WA	Zip Code 99204-2352	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			

B.	Full Name (Last, First, Middle Initial) John F. Robb, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 14 / 2011		
	Mailing Address 9 Woodcock Ln		Transaction ID: B0318B56C7B5AB6FDAB		
	City Etna	State NH	Zip Code 03750-4403	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dartmouth-Hitchcock Medcl Ctr	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) J. James Rohack, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 17 / 2011		
	Mailing Address 4409 Leonard Rd		Transaction ID: 35C8C02DC5A9385B0C5		
	City Bryan	State TX	Zip Code 77807-9553	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Scott & White Clinic and Hospital	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)	▶	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 50 / 84
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

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

Mailing Address 2835 Halleys Ct

City State Zip Code
Colorado Springs CO 80906-1067

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

Name of Employer Occupation
Pikes Peak Cardiology CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 08 / 2011

Transaction ID: 41DB97CADCC0C0B6558A

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Florence G. Rothenberg, M.D., F.A.

Mailing Address 222 Reily Rd

City State Zip Code
Cincinnati OH 45215-2620

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

Name of Employer Occupation
University of Cincinnati CARDIOVASCULAR RESEARCH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
MM / DD / YYYY
03 / 23 / 2011

Transaction ID: 4ADD95E990327505183B

Amount of Each Receipt this Period
83.34

C.

Full Name (Last, First, Middle Initial)
John S. Rumsfeld, M.D., Ph.D

Mailing Address 1055 Clermont St
Cardiology (111B)

City State Zip Code
Denver CO 80220-3808

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

Name of Employer Occupation
Denver VA Medical Center / University ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 4A55932F343C9760EA5A

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► 250.00

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 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
R. Gregory Sachs, M.D., F.A.
 Mailing Address 92 Mountain Ave
 City State Zip Code
Summit NJ 07901-3478
 Date of Receipt
MM / DD / YYYY
03 / 17 / 2011
Transaction ID: 82DA258DD85C0FA221C
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Summit Medical Group Occupation: ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial)
Jerold L. Saef, M.D., F.A.
 Mailing Address 1621 Oak Cir S
Mail Code 111
 City State Zip Code
Sarasota FL 34232-3479
 Date of Receipt
MM / DD / YYYY
03 / 28 / 2011
Transaction ID: 1155891D9FF9657CB0C
 Amount of Each Receipt this Period
300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Saef Hearts LLC Occupation: ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

C. Full Name (Last, First, Middle Initial)
Gregory C. Sampognaro, M.D., F.A.
 Mailing Address 534 Griggs Rd
 City State Zip Code
Calhoun LA 71225-8937
 Date of Receipt
MM / DD / YYYY
03 / 28 / 2011
Transaction ID: E98DC30CB9931D8BDB8
 Amount of Each Receipt this Period
1000.00
 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

SUBTOTAL of Receipts This Page (optional) ► 1550.00
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 52 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ian Joseph Sarembock, M.D., F.A.
 Mailing Address 7515 Fernwood Dr
 City State Zip Code
 Cincinnati OH 45237-1700
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 01 / 2011
Transaction ID: A210731E12436298153
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ohio Heart and Vascular Center ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
Joseph J. Sarmiento, III, M.D.,
 Mailing Address 7324 W Country View Dr
 City State Zip Code
 Bartonville IL 61607-9344
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2011
Transaction ID: 4FBFE2727425027B43B
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed ELECTROPHYSIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

C. Full Name (Last, First, Middle Initial)
Brian H. Sarter, M.D., F.A.
 Mailing Address 203 Fallbrooke Dr
 Abby Medical Center
 City State Zip Code
 Kennett Square PA 19348-2688
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2011
Transaction ID: 7C6EC576B3F4795E254
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cardiology Physicians, P.-A. ELECTROPHYSIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

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: (check only one)	PAGE 53 / 84
	<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	

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

A.	Full Name (Last, First, Middle Initial) Steven M. Schiff, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 14 / 2011
	Mailing Address 18111 Brookhurst St Ste 5100	Transaction ID: DC450F32929C2FC0C19
	City State Zip Code Fountain Valley CA 92708-6728	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) Jay D. Schlaifer, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 7662 Carriage House Way	Transaction ID: 7B6933AE90F9C89E2CD
	City State Zip Code Zionsville IN 46077-8554	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer North 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) Harvey A. Schuchman, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 5328 S Havana Ct	Transaction ID: CD3B8FA15EC38964A58
	City State Zip Code Englewood CO 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	

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 54 / 84
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
Robert A. Schweikert, M.D., F.A.

Mailing Address 5031 Tall Timbers Dr

City Richfield State OH Zip Code 44286-9678

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

Name of Employer: Akron General Medical Center
Occupation: ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 17 / 2011
Transaction ID: 6C86F2408F87A2A3459
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Cristiana Scridon, M.D., F.A.

Mailing Address 1240 Indian Mound Trl

City Vero Beach State FL Zip Code 32963-2345

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

Name of Employer: IRMC
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 03 / 30 / 2011
Transaction ID: 95A79BBDBA53686BF1B
Amount of Each Receipt this Period: 365.00

C.

Full Name (Last, First, Middle Initial)
Tudor M. Scridon, M.D., F.A.

Mailing Address 1240 Indian Mound Trl

City Vero Beach State FL Zip Code 32963-2345

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

Name of Employer: Indian River Cardiovascular Associates
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 03 / 30 / 2011
Transaction ID: 4EC56283E1EEDCEBF53
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ► **1230.00**

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 55 / 84
(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

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

A.

Full Name (Last, First, Middle Initial)
James L. Sechler, M.D., F.A.

Mailing Address 6525 Powers Blvd
Ste 301

City Cleveland State OH Zip Code 44129-5461

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

Name of Employer Cardiovascular Clinic, Inc.
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2011
Transaction ID: A2A179E26D88B2B07F6
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Robert R. Segal, M.D., F.A.

Mailing Address 211 E 51st St

City New York State NY Zip Code 10022-6526

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 / 2011
Transaction ID: 2F08B6798EFC11DF6BE
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
John E. Seibel, Jr., M.D.,

Mailing Address PO Box 1544

City Grenada State MS Zip Code 38902-1544

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 / 14 / 2011
Transaction ID: F8AE28FCA782FAF2840
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: PAGE 56 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Charlie Willard Shaeffer, Jr., M.D.,
Mailing Address 279 Via Las Palmas
City State Zip Code
Palm Springs CA 92262
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Desert Cardiology Consultants Medical 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 / 08 / 2011
Transaction ID: CF3F8B27389CCD20866
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Marc E. Shelton, M.D., F.A.
Mailing Address 3700 Vanderbilt Cir
City State Zip Code
Springfield IL 62711-4012
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Prairie Cardiovascular Consultants Ltd ADULT CARDIOLOGY
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 230.00
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2011
Transaction ID: 908CFBFDAAE93A56DBF
Amount of Each Receipt this Period
230.00

C. Full Name (Last, First, Middle Initial)
Hullukunte Shivaprasad, M.B.B.S.,
Mailing Address 1046 Enid Dr
City State Zip Code
Wheelersburg OH 45694-9370
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
M M / D D / Y Y Y Y Y
03 / 30 / 2011
Transaction ID: BA636E35661C60944D1
Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 845.00
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 / 84
(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

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

A. Full Name (Last, First, Middle Initial)
Kevin H. Silver, M.D., F.A.

Mailing Address 2455 Londonderry Dr

City Akron State OH Zip Code 44333-2946

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

Name of Employer Akron Cardiology Consultants Inc Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2011
Transaction ID: 0C8FD4A5D11D6028B68
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Michael E. Silverman, M.D., F.A.

Mailing Address 10710 Charter Dr Ste 400

City Columbia State MD Zip Code 21044-3276

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

Name of Employer Cardiovascular Specialists of Central Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2011
Transaction ID: 88AE533B8180FA0D482
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Chittur A. Sivaram, M.B.B.S.,

Mailing Address 1616 Boomer Trl

City Edmond State OK Zip Code 73034-4956

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

Name of Employer University of Oklahoma & DVA Medical C Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2011
Transaction ID: 8AB4470C433E5E6AA9C
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: PAGE 58 / 84
(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

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

A. Full Name (Last, First, Middle Initial)
Robert D. Slama, III, M.D.,

Mailing Address 44 Edgewood Rd

City State Zip Code
Summit NJ 07901-3988

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

Name of Employer Occupation
Summit Medical Group ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2011

Transaction ID: DDA78C4B9E2460C24A9

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Tatjana Nikola Slijapic, M.D., F.A.

Mailing Address 400 Diem Woods Dr

City State Zip Code
New Holland PA 17557-8804

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

Name of Employer Occupation
Heart Specialists of Lancaster, PC ELECTROPHYSIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 7981F62C0FB685BEFCE

Amount of Each Receipt this Period
250.00

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

Mailing Address 1000 N Oak Ave

City State Zip Code
Marshfield WI 54449-5703

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

Name of Employer Occupation
Marshfield Clinic ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2011

Transaction ID: 0E164D5C459315ED116

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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 84
(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

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

A.

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

Mailing Address 6060 Chatom Trce

City State Zip Code
Beaumont TX 77706-2559

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

Name of Employer Occupation
Advanced Cardiovascular Specialists LL CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
03 / 11 / 2011

Transaction ID: 6CC054309B7F6D0E02E

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Wolfgang J. T. Spyra, M.D., F.A.

Mailing Address 700 W Ironwood Dr
Ste 350

City State Zip Code
Coeur D Alene ID 83814-4487

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

Name of Employer Occupation
Heart Clinics Northwest ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
03 / 28 / 2011

Transaction ID: 57E886193B0053A6089

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 4923 Christensen Dr

City State Zip Code
Littleton CO 80123-6585

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) ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2011

Transaction ID: 2CCED50BC629088CF68

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 / 84
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Raymond F. Stainback, M.D., F.A.
Mailing Address 2111 University Blvd
City Houston State TX Zip Code 77030-1218
FEC ID number of contributing federal political committee. **C**
Name of Employer Hall-Garcia Cardiology Associates Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00
Date of Receipt 03 / 01 / 2011
Transaction ID: CB171183E5902848EF6
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Howard M. Staniloff, M.D., F.A.
Mailing Address 4953 Edgerton Ave
City Encino State CA Zip Code 91436-1201
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 / 17 / 2011
Transaction ID: 3EAA708A756723B838B
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Joseph E. Steinmetz, M.D., F.A.
Mailing Address 1210 Alderly Rd
City Indianapolis State IN Zip Code 46260-1623
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 / 31 / 2011
Transaction ID: B9F2A4B923A9ACDFCAF
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) **1550.00**
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 / 84
	(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

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

A.	Full Name (Last, First, Middle Initial) Scott K. Stephenson, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 17 / 2011		
	Mailing Address 3908 Colgate Ave		Transaction ID: 722DE9A5E9BE2B6F86B		
	City Dallas	State TX	Zip Code 75225-5423	Amount of Each Receipt this Period 375.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 375.00		
	Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Craig A. Stevens, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 17 / 2011		
	Mailing Address 3306 SW Cherry Ct		Transaction ID: 65DC727C2137981DAA2		
	City Ankeny	State IA	Zip Code 50023-3072	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Iowa Health Cardiology		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Michael E. Stillabower, M.D., F.A.		Date of Receipt MM / DD / YYYY 03 / 28 / 2011		
	Mailing Address 1211 Barley Mill Rd		Transaction ID: 762F2F34917B7BC2807		
	City Greenville	State DE	Zip Code 19807-2225	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Cardiology Consultants, P.A.		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	1375.00
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 62 / 84
	<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	

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

A.

Full Name (Last, First, Middle Initial)
A. Wade Strickland, M.D., F.A.

Mailing Address 105 River Way

City Brunswick State GA Zip Code 31520-1365

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 / 30 / 2011

Transaction ID: 70F830D01FB0668C305

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
David B. Stultz, M.D., F.A.

Mailing Address 10841 Waterbury Ridge Ln

City Centerville State OH Zip Code 45458-6059

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

Name of Employer Southwest Cardiology Inc. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2011

Transaction ID: 9391AB6EC710A315BAB

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Clifford R. Talbert, Jr., M.D.,

Mailing Address 371 S Broadview St

City Cape Girardeau State MO Zip Code 63703-5761

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

Name of Employer Cardiovascular Consultants Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2011

Transaction ID: DE95E4E3CC3E062EBD7

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: PAGE 63 / 84
(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
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NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Neil W. Trask, III, M.D.,

Mailing Address 9310 Cove Dr

City Myrtle Beach State SC Zip Code 29572-5000

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

Name of Employer Cardiology Gastroenterology Assocs PA Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2011
Transaction ID: 1266ACF5976AF6644C2

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Stephen Tunick, M.D., F.A.

Mailing Address 127 Witherow Rd

City Sewickley State PA Zip Code 15143-8315

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

Name of Employer Sewickley Valley Medical Group Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2011
Transaction ID: 504C2279BA6E4328039

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Arthur S. Ulatowski, D.O., F.A.

Mailing Address 36870 Broadstone Dr Ste 301

City Solon State OH Zip Code 44139-7040

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 / 28 / 2011
Transaction ID: EF0209B0DBD70E71322

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 64 / 84
(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

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

A.

Full Name (Last, First, Middle Initial)
Shrikanth P.Y. Upadya, M.B.B.S.,

Mailing Address 5640 Spinnaker Loop

City State Zip Code
Lady Lake FL 32159-6031

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

Name of Employer Occupation
Citrus Cardiology Consultants INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2011

Transaction ID: 88AB599657ED8164005

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
William R. Vetter, M.D., F.A.

Mailing Address 5301 F St Ste 117

City State Zip Code
Sacramento CA 95819-3220

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2011

Transaction ID: 70E9DADC20C5FE601B3

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Juan Villafane, M.D., F.A.

Mailing Address 1400 Willow Ave 1205

City State Zip Code
Louisville KY 40204-2506

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

Name of Employer Occupation
Self-Employed PEDIATRICS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
MM / DD / YYYY
03 / 19 / 2011

Transaction ID: 4540B4EF33ADE91FC846

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ► **698.34**

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 65 / 84
	<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	

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

A.	Full Name (Last, First, Middle Initial) Gabriel Vorobiof, M.D., F.A.		Date of Receipt
	Mailing Address 4245 Balcony Dr		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Calabasas	CA	91302-6113
	FEC ID number of contributing federal political committee. C		Transaction ID: 5079FD2DF2E540DEBA1
Name of Employer Self-Employed		Occupation CLINICAL CARDIOLOGY/GENERAL 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" value="365.00"/>
		<input type="text" value="365.00"/>	

B.	Full Name (Last, First, Middle Initial) Bernard M. Wagman, M.D., F.A.		Date of Receipt
	Mailing Address 7130 Darby Rd		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Bethesda	MD	20817-2914
	FEC ID number of contributing federal political committee. C		Transaction ID: 50FB22B06B364776E06
Name of Employer Self-Employed		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" value="125.00"/>
		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) Thad F. Waites, M.D., F.A.		Date of Receipt
	Mailing Address 1017 Richburg Rd		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Hattiesburg	MS	39402-9055
	FEC ID number of contributing federal political committee. C		Transaction ID: 4529A72EC4CB895BBB68
Name of Employer Southern Heart Center		Occupation INTERVENTIONAL 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" value="91.00"/>
		<input type="text" value="273.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="581.00"/>
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 66 / 84

(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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Howard T. Walpole, Jr., M.D.,

Mailing Address 31 Northumberland

City

Nashville

State

TN

Zip Code

37215-4123

FEC ID number of contributing federal political committee.

C

Name of Employer
Saint Thomas Health Services

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

M M / D D / Y Y Y Y
03 / 12 / 2011

Transaction ID: 45709A86510FF51CDEB0

Amount of Each Receipt this Period

416.67

B.

Full Name (Last, First, Middle Initial)

Mary Norine Walsh, M.D., F.A.

Mailing Address 428 W 83rd Pl

City

Indianapolis

State

IN

Zip Code

46260-4905

FEC ID number of contributing federal political committee.

C

Name of Employer
St Vincent Heart Center of Indiana

Occupation
HEART FAILURE/TRANSPLANT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2011

Transaction ID: 4D1FAFD97C487524C81C

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John D. Ware, III, M.D.,

Mailing Address 1 Marcdon Pl

City

Anderson

State

SC

Zip Code

29621-1705

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

M M / D D / Y Y Y Y
03 / 14 / 2011

Transaction ID: AB59A705DC6FB915474

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

766.67

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 / 84
	<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	

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

A.	Full Name (Last, First, Middle Initial) James G. Warner, Jr., M.D.,		Date of Receipt		
	Mailing Address 813 Armistead St Ste 201		M M / D D / Y Y Y Y 03 / 14 / 2011		
	City Winchester	State VA	Zip Code 22601-6705	Transaction ID: 0A03E478606D2CCA455	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00		
	Name of Employer Winchester Cardiology and Vascular Med		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) Jerry E. Watson, M.D., F.A.		Date of Receipt		
	Mailing Address 945 82nd Pkwy Ste 3		M M / D D / Y Y Y Y 03 / 17 / 2011		
	City Myrtle Beach	State SC	Zip Code 29572-4610	Transaction ID: 2311372B3831F6A6C8B	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00		
	Name of Employer Cardiology Gastroenterology Assocs PA		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) Steven S. Whitfield, M.D., F.A.		Date of Receipt		
	Mailing Address 4905 W 132nd St		M M / D D / Y Y Y Y 03 / 30 / 2011		
	City Leawood	State KS	Zip Code 66209-3468	Transaction ID: 8FFD5224D83D8904C21	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer Cardiology Services Doctors Bldg No 2		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 68 / 84
(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

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

A.

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

Mailing Address 2753 NE Red Oak Dr

City Bend State OR Zip Code 97701-8348

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

Name of Employer Heart Center Cardiology Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 31 / 2011

Transaction ID: 426E8DAE83EB2758CF8D

Amount of Each Receipt this Period 83.33

B.

Full Name (Last, First, Middle Initial)
Edward G. Williams, M.D., F.A.

Mailing Address 1317 Morris Ave

City Union State NJ Zip Code 07083-3350

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

Name of Employer Union County Cardiology Associates, PA Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2011

Transaction ID: AE69EDDE9AF6A22172C

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 3 Gates Cir
Department of Cardiology

City Buffalo State NY Zip Code 14209-1120

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

Name of Employer Kaleida Health Millard Fillmo Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2011

Transaction ID: AF97FA03FE342A77D04

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 69 / 84
	<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	

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

A.	Full Name (Last, First, Middle Initial) Stuart A. Winston, D.O., F.A.	Date of Receipt MM / DD / YYYY 03 / 28 / 2011
	Mailing Address 3055 Cottontail Ct	Transaction ID: 8F02EC42EB3C5BAF7F6
	City State Zip Code Ann Arbor MI 48103-1775	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Michigan Heart, P. C. Michigan Heart &	Occupation ELECTROPHYSIOLOGY	
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) Janet S. Wright, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 30 / 2011
	Mailing Address 1915 Calvert St NW Apt 402	Transaction ID: 2571C1F1B54C294274F
	City State Zip Code Washington DC 20009-1547	Amount of Each Receipt this Period 3000.00
	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 ▼ 3000.00	

C.	Full Name (Last, First, Middle Initial) Lambert A. Wu, M.D., F.A.	Date of Receipt MM / DD / YYYY 03 / 21 / 2011
	Mailing Address 1524 NW Grove Ave	Transaction ID: 41C9A3DB795D804991FC
	City State Zip Code Topeka KS 66606-1234	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
Name of Employer Cotton O'Neil Heart Center	Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional)	3583.34
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 70 / 84
(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

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

A.

Full Name (Last, First, Middle Initial)
Loran Yehudai, M.D., F.A.

Mailing Address 900 NW Lovejoy St
Apt 719

City Portland State OR Zip Code 97209-3479

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

Name of Employer The Vancouver Clinic Occupation INTERVENTIONAL 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 / 28 / 2011

Transaction ID: 8AA6912BFF54FC09FFC

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Antoine G. Younis, M.D., F.A.

Mailing Address 11403 Memorial Dr

City Houston State TX Zip Code 77024-7512

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
M M / D D / Y Y Y Y Y
03 / 17 / 2011

Transaction ID: FE495AF1EB57D62A48A

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Vincent Paul Zuck, M.D., F.A.

Mailing Address 808 Fairfax Ct

City Springfield State IL Zip Code 62702-3305

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

Name of Employer Prairie Cardiovascular Consultants Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2011

Transaction ID: 6D15A93601568B432AE

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)	2375.00
TOTAL This Period (last page this line number only)	82549.68

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 71 / 84	
	(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

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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="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Richmond	VA	23285-5024
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: AE17BA5CFFCFD2F8C6C Amount of Each Receipt this Period <input type="text" value="1599.34"/> Reimbursement for February Amex Fees and March Merchant Fees
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="3084.15"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1599.34"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1599.34"/>

**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 72 / 84

<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

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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 2011 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: V472E494A23F7E284C36 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 270.58
	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 2011 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: M8189910423A812B514C Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1419.73
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1690.31

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

1690.31

**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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Ben Cardin for Senate</p> <p>Mailing Address PO Box 21093</p> <p>City Catonsville State MD Zip Code 21228</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Benjamin L. Cardin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1E8A0141E5C1121E269</p> <p>Date of Disbursement 03 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>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 2012 Primary</p> <p>Candidate Name Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: C5FFC4C97B875BE2FD9</p> <p>Date of Disbursement 03 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bucshon for Congress</p> <p>Mailing Address PO Box 250</p> <p>City Newburgh State IN Zip Code 47629</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Larry D. Bucshon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 635E348ADD3C91A9E1E</p> <p>Date of Disbursement 03 / 21 / 2011</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

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

<p>A.</p> <p>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 2012 Primary</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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: A28E6C0F914A2891ABB</p> <p>Date of Disbursement 03 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Dave Camp for Congress</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 25E8A50BBC3AAEC92A5</p> <p>Date of Disbursement 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 120 Maryland Ave NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name Democratic Senatorial Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 9A366DCEBA4EE97A6A0</p> <p>Date of Disbursement 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

25000.00

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

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

<p>A. Full Name (Last, First, Middle Initial) Doc PAC</p> <p>Mailing Address 264 N. Lumpkin Street, #202</p> <p>City Athens State GA Zip Code 30601</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name Doc PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: B49B2A0A4D75A64026E</p> <p>Date of Disbursement 03 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Engel for Congress</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Eliot L. Engel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2A32939BF72B360BC2E</p> <p>Date of Disbursement 03 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Joe Pitts</p> <p>Mailing Address PO Box 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Joseph R. Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3FA4391D98566DA96EF</p> <p>Date of Disbursement 03 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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**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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Nan Hayworth</p> <p>Mailing Address 51 Gleneida Avenue</p> <p>City Carmel State NY Zip Code 10512</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Nan Alison Sutter Hayworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: F7D230F3F9A0E7AA1CB</p> <p>Date of Disbursement 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Gingrey for Congress</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name John Phillip Gingrey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5F181602AEC64C3AB1</p> <p>Date of Disbursement 03 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Guthrie for Congress</p> <p>Mailing Address PO Box 9639</p> <p>City Bowling Green State KY Zip Code 42102</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name S. Brett Guthrie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 221107720BD4E4E1264</p> <p>Date of Disbursement 03 / 30 / 2011</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

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

A. Full Name (Last, First, Middle Initial) Heller for Congress <hr/> Mailing Address PO Box 531086 <hr/> City Henderson State NV Zip Code 89053 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Dean Heller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 74FE5F382DCF70C7F48 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hoyer for Congress <hr/> Mailing Address 700 13th Street, NW Suite 600 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Steny H. Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96688E833AD6ED47264 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee <hr/> Mailing Address PO Box 87 <hr/> City Uwchland State PA Zip Code 19480 <hr/> Purpose of Disbursement 2012 Primary Candidate Name James W. Gerlach <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3987C8CB7ED2289165 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

A. Full Name (Last, First, Middle Initial) John Sullivan for Congress, Inc <hr/> Mailing Address Post Office Box 470840 <hr/> City Tulsa, State OK Zip Code 74147 <hr/> Purpose of Disbursement 2012 Primary Candidate Name John Sullivan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 4565B6DCFA89357A284 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Lee Terry for Congress <hr/> Mailing Address PO Box 540098 <hr/> City Omaha, State NE Zip Code 68154 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Lee Terry <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 950283841171E6D2288 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress, Inc. <hr/> Mailing Address PO Box 3750 <hr/> City Brentwood, State TN Zip Code 37024 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Marsha Blackburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 07233B87E04E9A5C6C2 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)

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<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

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

A. Full Name (Last, First, Middle Initial) McCaul for Congress, Inc <hr/> Mailing Address 815-A Brazos Street Pmb 230 <hr/> City Austin State TX Zip Code 78701 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Michael Thomas McCaul, Sr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 42299EA42C802666743 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Menendez for Senate <hr/> Mailing Address One Gateway Center Suite 520 <hr/> City Newark State NJ Zip Code 07102 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Robert Menendez <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F9A539C87B88D607103 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2011
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Michael Burgess for Congress <hr/> Mailing Address PO Box 2334 <hr/> City Denton State TX Zip Code 76202 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Michael Clifton Burgess <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: ED6F6BE22F30642999A Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2011
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)

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<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

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

A. Full Name (Last, First, Middle Initial) Pallone for Congress <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B625FB9B0C2E5A18E80 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pat Meehan for Congress <hr/> Mailing Address 50 S. Providence Road <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Patrick L. Meehan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF1EE21C2AD458DC5E2 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Pete Sessions for Congress <hr/> Mailing Address PO Box 823047 <hr/> City Dallas State TX Zip Code 75382 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Peter Anderson Sessions <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 05EA29159304696AAA0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Peters for Congress</p> <p>Mailing Address PO Box 226</p> <p>City Bloomfield Hills State MI Zip Code 48303</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Gary C. Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: A25701D647EA3A32E27</p> <p>Date of Disbursement 03 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>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 2012 Primary</p> <p>Candidate Name Thomas E. Price, M.D.</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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 067056E44C1C04D3BE4</p> <p>Date of Disbursement 03 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Rogers for Congress</p> <p>Mailing Address PO Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Mike Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2CFCE679C1903692E88</p> <p>Date of Disbursement 03 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

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

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

<p>A. Full Name (Last, First, Middle Initial) Schock for Congress</p> <p>Mailing Address PO Box 10555</p> <p>City Peoria State IL Zip Code 61612</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Aaron Schock</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 067D11D6753B14B6216</p> <p>Date of Disbursement 03 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Sue Myrick for Congress</p> <p>Mailing Address PO Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Sue Wilkins Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9466FAB6A913974D6A9</p> <p>Date of Disbursement 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Tiberi for Congress</p> <p>Mailing Address 2931 E Dublin Granville Road Suite 190</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 223BE693746D63581CA</p> <p>Date of Disbursement 03 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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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 Pittsburgh State PA Zip Code 15234 <hr/> Purpose of Disbursement 2012 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E040BEBF77520C74AE0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Upton for All of Us <hr/> Mailing Address PO Box 490 <hr/> City St. Joseph State MI Zip Code 49085 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Fredrick Stephen Upton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8199764116E6BCF7624 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Volunteers for Shimkus <hr/> Mailing Address PO Box 661 <hr/> City Collinsville State IL Zip Code 62234 <hr/> Purpose of Disbursement 2012 Primary Candidate Name John M. Shimkus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 05ED37F790AA999B47A Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

99000.00

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)

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<input 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Arthur S. Agatston, M.D., F.A.

Transaction ID: FCFAFB57E4201BEB311

Date of Disbursement

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

Mailing Address 1691 Michigan Avenue Street 500

City	State	Zip Code
Miami Beach	FL	33139

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Refund

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00
