

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 11 01 2009 through 11 30 2009

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 12 18 2009

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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		142721.36
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	246332.71									
(c) Total Receipts (from Line 19)	16213.42	524247.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	262546.13	666969.10								
7. Total Disbursements (from Line 31)	30163.95	434586.92								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	232382.18	232382.18								
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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	14734.98	435071.75
(ii) Unitemized	690.41	74675.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15425.39	509746.92
(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)	15425.39	509746.92
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)	788.03	14500.82
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))	16213.42	524247.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16213.42	524247.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	805.95	14228.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	805.95	14228.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	415500.00
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	358.00	4858.00
(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))	358.00	4858.00
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))..	30163.95	434586.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30163.95	434586.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	15425.39	509746.92
34. Total Contribution Refunds (from Line 28(d))	358.00	4858.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15067.39	504888.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	805.95	14228.92
37. Offsets to Operating Expenditures (from Line 15, page 3)	788.03	14500.82
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17.92	-271.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 39
	<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) Ayim K. Akyea-Djamson, M.B.B.S.,		Date of Receipt MM / DD / YYYY 11 / 20 / 2009		
	Mailing Address 10756 Rhode Island Ave		Transaction ID: DDAA0A64-9883-49BA-		
	City Beltsville	State MD	Zip Code 20705-2513	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Metropolitan Cardiovascular Consultant		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) Jay H. Alexander, M.D., F.A.		Date of Receipt MM / DD / YYYY 11 / 30 / 2009		
	Mailing Address 2256 Carlyle Court		Transaction ID: 4A7389474D00F5BD80DD		
	City Buffalo Grove	State IL	Zip Code 60089-4695	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer North Shore Cardiologists, SC		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4900.00			

C.	Full Name (Last, First, Middle Initial) William James Alton, M.D., F.A.		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address Suite 201 2400 Bath Street		Transaction ID: 42AA9CE1D75B882F9A68		
	City Santa Barbara	State CA	Zip Code 93105-4351	Amount of Each Receipt this Period 30.42	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Santa Barbara Cardiovascular Medcl Grp		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.94			

SUBTOTAL of Receipts This Page (optional)	▶	1230.42
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 / 39
(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)
Rene J. Alvarez, Jr., M.D.,

Mailing Address 425 McKean Drive

City State Zip Code
Wexford PA 15090-7327

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

Name of Employer University of Pittsburgh Medical Centre
Occupation HEART FAILURE/TRANSPLANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2009

Transaction ID: 49BDA5B064123BA77370

Amount of Each Receipt this Period
91.00

B.

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

Mailing Address 54 Preserve Lane

City State Zip Code
Mandeville LA 70471-2937

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

Name of Employer Louisiana Heart Center
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2009

Transaction ID: ED403117-F952-4FF5-

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 3410 West 89th Street

City State Zip Code
Leawood KS 66206-1629

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

Name of Employer Cardiovascular Consultants, PC
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2009

Transaction ID: 45FD98D48652F9E5F91E

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **391.00**

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 8 / 39
(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)
Eric R. Bates, M.D., F.A.

Mailing Address 840 Cherrystone Court
1500 E Medical Center Drive Space

City Ann Arbor State MI Zip Code 48105-3038

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 13 / 2009
Transaction ID: 430F87E9E4872D29C173

Amount of Each Receipt this Period 84.00

B.

Full Name (Last, First, Middle Initial)
Benjamin Betancourt, M.D., F.A.

Mailing Address Box 19356 Fdz. Juncos Station

City San Juan State PR Zip Code 00910-1356

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 11 / 09 / 2009
Transaction ID: EAE059688F23ACEF167

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Ralph G. Brindis, M.D., M.P.

Mailing Address 1410 Monterey Blvd

City San Francisco State CA Zip Code 94127-2554

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

Name of Employer Oakland Kaiser Medical Center
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2009
Transaction ID: 4EDEA027FEB0AEDE9A2E

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 1184.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 39
(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)
Alan S. Brown, M.D., F.A.
 Mailing Address 1912 Alta Vista Court
801 S Washington Street
 City Naperville State IL Zip Code 60563
 Date of Receipt 11 / 30 / 2009
Transaction ID: 4EC78084247DFF4DA775
 Amount of Each Receipt this Period 100.00
 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 ▼ 1100.00

B. Full Name (Last, First, Middle Initial)
Joseph G. Cacchione, M.D., F.A.
 Mailing Address 5740 Hickory Knoll Court
 City Fairview State PA Zip Code 16415-3246
 Date of Receipt 11 / 13 / 2009
Transaction ID: 473FA0FBA11C2CFACAB2
 Amount of Each Receipt this Period 125.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Vincent Health Center Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00

C. Full Name (Last, First, Middle Initial)
Hollace D. Chastain, II, M.D.,
 Mailing Address 1819 Breamar Drive
 City Fort Wayne State IN Zip Code 46814-9364
 Date of Receipt 11 / 30 / 2009
Transaction ID: 47F0B0CC0228941F7BCA
 Amount of Each Receipt this Period 100.00
 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 ▼ 1200.00

SUBTOTAL of Receipts This Page (optional) ► 325.00
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 / 39

(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 J. Clardy, M.D., F.A.		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 801 Broadway N		Transaction ID: 4D0193FBF184DF46DD0A		
	City Fargo	State ND	Zip Code 58102-3641	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Meritcare Medical Center		Occupation ADULT CARDIOLOGY			
Aggregate Year-to-Date ▼ 252.00					

B.	Full Name (Last, First, Middle Initial) Bernard A. Clark, III, M.D.,		Date of Receipt MM / DD / YYYY 11 / 29 / 2009		
	Mailing Address 114 Woodland Street		Transaction ID: 4D0ABC4D47FB0A247F9D		
	City Hartford	State CT	Zip Code 06105-1208	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer St. Francis Hospital and Medical Centre		Occupation ADULT CARDIOLOGY			
Aggregate Year-to-Date ▼ 850.00					

C.	Full Name (Last, First, Middle Initial) Anthony Clay, D.O., F.A.		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 411 Red Clay Drive		Transaction ID: 6A8EAD7B-B9DD-4C31-		
	City Kennett Square	State PA	Zip Code 19348-2683	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Cardiology Physicians, P.-A.		Occupation ADULT CARDIOLOGY			
Aggregate Year-to-Date ▼ 500.00					

SUBTOTAL of Receipts This Page (optional)	634.00
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 / 39
(check only one)

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

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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, CAE

Mailing Address 4014 88th Avenue Northwest

City State Zip Code
Gig Harbor WA 98335-6157

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

Name of Employer Occupation
Washington Chapter of the ACC Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2009

Transaction ID: 49B9AA383F6625433075

Amount of Each Receipt this Period
85.00

B.

Full Name (Last, First, Middle Initial)
Michael A. Corbellini, D.O., F.A.

Mailing Address 9800 S Healthpark Drive Suite 302

City State Zip Code
Fort Myers FL 33908-7603

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

Name of Employer Occupation
Southwest Florida Heart Group ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
11 / 26 / 2009

Transaction ID: E0464C6A-6BB1-474D-

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
George H. Crossley, III, M.D.,

Mailing Address 276 Stratton Court

City State Zip Code
Brentwood TN 37027-4228

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

Name of Employer Occupation
St. Thomas Heart ELECTROPHYSIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3336.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2009

Transaction ID: 4013A1A618798329B7A7

Amount of Each Receipt this Period
167.00

SUBTOTAL of Receipts This Page (optional) ► **752.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 39
	<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) Sheldon B. Eisenberg, M.D., F.A.	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 18 Rose Avenue	Transaction ID: 96E450D9-48A9-4379-
	City State Zip Code Woodcliff Lake NJ 07677-7925	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Westwood Cardiology Associates	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) Chester J. Falterman, M.D., F.A.	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 503 East Bell Street Suite 103	Transaction ID: 4D62BE192E7BE1B30A09
	City State Zip Code Murfreesboro TN 37130-3052	Amount of Each Receipt this Period 83.33
	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 ▼ 416.65	

C.	Full Name (Last, First, Middle Initial) James W. Fasules, M.D., F.A.	Date of Receipt MM / DD / YYYY 11 / 06 / 2009
	Mailing Address 6 Cascades Drive 1900 Maryland	Transaction ID: 4F5AA76DF82B1EA5C004
	City State Zip Code Little Rock AR 72212-3306	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 ▼ 714.00	

SUBTOTAL of Receipts This Page (optional)	▶	1167.33
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 13 / 39
(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 Fitzpatrick

Mailing Address 1441 Windrow Lane

City Yardley State PA Zip Code 19067

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

Name of Employer Self-Employed Occupation Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 20 / 2009

Transaction ID: 485E875D2D0E0EF356C0

Amount of Each Receipt this Period 85.00

B. Full Name (Last, First, Middle Initial)
Kathleen B. Flood

Mailing Address 9111 Old Georgetown Road

City Bethesda State MD Zip Code 20814-1616

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

Name of Employer American College of Cardiology Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 29 / 2009

Transaction ID: 415DB04479092CE725F8

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Perry A. Frankel, M.D., F.A.

Mailing Address 6 Fairway Road

City Roslyn State NY Zip Code 11576-1011

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 ▼ 850.00

Date of Receipt 11 / 19 / 2009

Transaction ID: 4892A6D3D4CDEA040A55

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 285.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 39
(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 J. Freedman, Jr., M.D.,
Mailing Address 711 Kimball Avenue

City State Zip Code
Alexandria LA 71301-5008

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

Name of Employer: Freedman Memorial Cardiology
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 19 / 2009
Transaction ID: B64A1CC00D2CB1951D6
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Cathy Gates
Mailing Address 17500 Ashton Forest Terrace

City State Zip Code
Sandy Spring MD 20860-3009

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

Name of Employer: American College of Cardiology
Occupation: Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt: 11 / 09 / 2009
Transaction ID: 458491A2B5F8BCE1B8D7
Amount of Each Receipt this Period: 83.34

C. Full Name (Last, First, Middle Initial)
Samuel D. Goldberg, M.D., F.A.
Mailing Address 8512 Atwell Road

City State Zip Code
Potomac MD 20854-6234

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

Name of Employer: Maryland Heart, P.C.
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 11 / 19 / 2009
Transaction ID: 4AAEABCF51B9CFA5A257
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► **1103.34**

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 15 / 39
(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)
Lee W. Gould, M.D., F.A.

Mailing Address 3865 Country Club Drive

City Lewiston State ID Zip Code 83501-9622

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 ▼ 504.00

Date of Receipt 11 / 30 / 2009

Transaction ID: 4C2BAFECCEBC9801A4D0

Amount of Each Receipt this Period 84.00

B. Full Name (Last, First, Middle Initial)
Jerome L. Hines, M.D., Ph.D.

Mailing Address 11 Salt Creek Lane #2

City Hinsdale State IL Zip Code 60521-3032

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 ▼ 800.00

Date of Receipt 11 / 09 / 2009

Transaction ID: 408EB3E3E113C91B0371

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
David R. Holmes, Jr., M.D.,

Mailing Address 1122 21st Street, Northeast

City Rochester State MN Zip Code 55906-4059

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

Name of Employer Mayo Clinic Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 16 / 2009

Transaction ID: 4CA2BF312C542F2A18DF

Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional) ► 268.00

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 / 39
	<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) Kiran Jayaram		Date of Receipt MM / DD / YYYY 11 / 30 / 2009		
	Mailing Address 127 Ivy Ln		Transaction ID: 40176CD3D17FDE10C85		
	City San Antonio	State TX	Zip Code 78209-5446	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Cardiologist			
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) C. David Joffe, M.D., F.A.		Date of Receipt MM / DD / YYYY 11 / 11 / 2009		
	Mailing Address 1530 Needmore Rd		Transaction ID: 42E4B85832542FD80090		
	City Dayton	State OH	Zip Code 45414-3969	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dayton Heart Center, Inc.	Occupation INTERVENTIONAL CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 378.00			

C.	Full Name (Last, First, Middle Initial) Samer Y. Kazziha, M.D., F.A.		Date of Receipt MM / DD / YYYY 11 / 30 / 2009		
	Mailing Address 1135 W University Drive Suite 246		Transaction ID: BD02B8EAD70834473AC		
	City Rochester	State MI	Zip Code 48307-1890	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Crittenton Hospital	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)	▶	895.00
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 / 39
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Shahabuddin Khan, M.D., F.A.

Mailing Address 7619 Victory Gallup St

City State Zip Code
Las Vegas NV 89131-4125

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

Name of Employer Nevada Heart & Vascular Center
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2009

Transaction ID: 413989F9DCF5343D3456

Amount of Each Receipt this Period
84.00

B.

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

Mailing Address 434 East 52nd Street
525 E 68th Street

City State Zip Code
New York NY 10022-6402

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

Name of Employer Cornell Medical Center
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.34

Date of Receipt
MM / DD / YYYY
11 / 17 / 2009

Transaction ID: 4E9A811C2F434EBFE6E4

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 143 Saluda Avenue

City State Zip Code
Columbia SC 29205-3080

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

Name of Employer Columbia Cardiology Consultants
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 4007B298A860D62882A9

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **201.00**

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 / 39
(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 T. Lee, M.D., F.A.

Mailing Address 16261 Bass Rd Ste 300

City State Zip Code
Fort Myers FL 33908-3671

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

Name of Employer Coastal Cardiology, PA 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
1 1 / 1 9 / 2 0 0 9

Transaction ID: 41FBF883DABE9F3C119

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Roger F. Leonard, M.D., F.A.

Mailing Address 11706 Split Tree Circle

City State Zip Code
Potomac MD 20854-2880

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

Name of Employer Montgomery General Hospital Occupation ADMINISTRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: 4A8DB3E81CCADC29C6FD

Amount of Each Receipt this Period
91.00

C.

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

Mailing Address 5342 Southwest Hewett Boulevard

City State Zip Code
Portland OR 97221-2254

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 9

Transaction ID: 4A8F801092B930C857DA

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ► **1174.34**

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 19 / 39
(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)
Fernando Lopez, M.D., F.A.
Mailing Address 131 E Kings Highway, Casa Alegre

City San Antonio State TX Zip Code 78212-2961

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

Name of Employer Alamo Heart Associates Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt 11 / 28 / 2009
Transaction ID: 440981EE267E768D58F6
Amount of Each Receipt this Period 41.66

B. Full Name (Last, First, Middle Initial)
Michael J. Mirro, M.D., F.A.
Mailing Address 2005 Prestwick Lane

City Fort Wayne State IN Zip Code 46814-9317

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

Name of Employer Fort Wayne Cardiology Corporation Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2009
Transaction ID: 4B7C8D7B03D447073967
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Anil Mohin, M.B.B.S.,
Mailing Address 11453 Dona Teresa Drive

City Studio City State CA Zip Code 91604-4272

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 11 / 19 / 2009
Transaction ID: D400A3A0ACB366D8061
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 391.66

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 20 / 39
(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)
R. Scott Morris, M.D., F.A.
Mailing Address 83 Bullock

City State Zip Code
Slingerlands NY 12159-3402

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
11 / 30 / 2009

Transaction ID: 53664B870E39D44481C

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Subbarao V. Myla, M.B.B.S.,
Mailing Address Box 15601957

City State Zip Code
Sioux Falls SD 57186-0001

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

Name of Employer Hoag Memorial Hospital
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 58BD7412119EE209445

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Paul J. O'Brien, M.D., F.A.
Mailing Address 4660 Kenmore Avenue Suite 800

City State Zip Code
Alexandria VA 22304-1300

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

Name of Employer Virginia Cardiology, P.C.
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 42AFA5A015E7C0E67457

Amount of Each Receipt this Period
84.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 39
(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)
Gaetano N. Pastore, M.D., F.A.
Mailing Address 1 Centurian Drive Suite 200

City State Zip Code
Newark DE 19713-2150

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

Name of Employer: Cardiology Physicians, P.-A.
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 22 / 2009
Transaction ID: DEE3D995-52FB-4950-
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Neal S. Perlmutter, M.D., F.A.
Mailing Address 1820 9th St. W

City State Zip Code
Kirkland WA 98033-4837

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: 11 / 09 / 2009
Transaction ID: 34780DBF87E934DCCBD
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
David J. Pinnelas, M.D., F.A.
Mailing Address 2 Hopi Court

City State Zip Code
Manalapan NJ 07726-4628

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

Name of Employer: Shore Heart Group
Occupation: INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 11 / 06 / 2009
Transaction ID: 4048A7BF549B2A77304D
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ► 791.66

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 22 / 39
	<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 V. Priest, M.D., F.A.		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 3222 W Riverside Dr		Transaction ID: 48739D44BFD250D0726D		
	City Fort Myers	State FL	Zip Code 33901-6734	Amount of Each Receipt this Period 91.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Florida Heart Associates	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 728.00			

B.	Full Name (Last, First, Middle Initial) George P. Rodgers, M.D., F.A.		Date of Receipt MM / DD / YYYY 11 / 16 / 2009		
	Mailing Address 2441 Westlake Drive		Transaction ID: 40E7BE8C07B5C081FBB6		
	City Austin	State TX	Zip Code 78746-2950	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Biophysical Corporation	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 842.00			

C.	Full Name (Last, First, Middle Initial) Florence G. Rothenberg, M.D., F.A.		Date of Receipt MM / DD / YYYY 11 / 25 / 2009		
	Mailing Address 222 Reily Rd		Transaction ID: 4A1F885EC00AC6E7940B		
	City Cincinnati	State OH	Zip Code 45215-2620	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Cincinnati	Occupation CARDIOVASCULAR RESEARCH			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

SUBTOTAL of Receipts This Page (optional)	▶	259.00
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 23 / 39

(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 J. Severino, M.D., F.A.

Mailing Address 351 Delnor Dr Ste 100

City State Zip Code
Geneva IL 60134-4220

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

Name of Employer Occupation
Kane Cardiology, SC ADULT CARDIOLOGY

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

Date of Receipt

MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 40F5B6DE478E4633224C

Amount of Each Receipt this Period
84.00

B.

Full Name (Last, First, Middle Initial)

Vasudev B. Shenoy, M.D., F.A.

Mailing Address 7333 N Freeway Suite 100

City State Zip Code
Houston TX 77076-1346

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

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

Date of Receipt

MM / DD / YYYY
11 / 09 / 2009

Transaction ID: 2726A3F0D840DBB1ED6

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

M. Theodore Silver, M.D., F.A.

Mailing Address 697 Lebanon Road

City State Zip Code
Winterport ME 04496-4023

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

Name of Employer Occupation
Northeast Cardiology Associates ADULT CARDIOLOGY

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

Date of Receipt

MM / DD / YYYY
11 / 19 / 2009

Transaction ID: 47659EFCB2C712B1210F

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional)

418.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 39
(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 B. Stultz, M.D., F.A.

Mailing Address 10841 Waterbury Ridge Lane

City State Zip Code
Centerville OH 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 ▼ 250.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: 126A3B32EA50FD6271B
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Todd G. Tolbert, M.D.

Mailing Address 210 Heady Drive

City State Zip Code
Nashville TN 37205-4416

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 08 / 2009
Transaction ID: 4435B8F5998A939C6A4F
Amount of Each Receipt this Period: 150.00

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

Mailing Address 5140 Highway 397

City State Zip Code
Bell City LA 70630-3105

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

Name of Employer Cardiovascular Specialists of Southwes Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 11 / 09 / 2009
Transaction ID: 4030BC1109A3FA781494
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 39
(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)
Paul L. Urban, M.D., F.A.

Mailing Address 2875 Southwest 53rd Street

City Ocala State FL Zip Code 34471-9538

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

Name of Employer Ocala Interventional Cardiology/ORMC Ca Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 29 / 2009

Transaction ID: 4A94B878517DFA4A5250

Amount of Each Receipt this Period 84.00

B.

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

Mailing Address 1487 Langhorne Road
2410 Atherholt Road

City Lynchburg State VA Zip Code 24503

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

Name of Employer The Cardiovascular Group Centra/Stroob Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt 11 / 03 / 2009

Transaction ID: 471985684FAAB232069D

Amount of Each Receipt this Period 91.00

C.

Full Name (Last, First, Middle Initial)
Krishnaswami Vijayaraghavan, M.B.B.S.,

Mailing Address 2817 E Ludlow Drive

City Phoenix State AZ Zip Code 85032-5665

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 436.00

Date of Receipt 11 / 19 / 2009

Transaction ID: 4742A62C7171C0793ED2

Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional) ► 259.00

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 / 39
(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)
Juan Villafane, M.D., F.A.
Mailing Address 731E Broadway

City State Zip Code
Louisville KY 40202

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

Name of Employer Children's Heart Specialists, PSC Occupation PEDIATRICS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt
MM / DD / YYYY
11 / 09 / 2009

Transaction ID: 49EAA933E817CADC66A2

Amount of Each Receipt this Period
83.34

B. Full Name (Last, First, Middle Initial)
Thad F. Waites, M.D., F.A.
Mailing Address 1017 Richburg Rd

City State Zip Code
Hattiesburg MS 39402-9055

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

Name of Employer Southern Heart Center Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2009

Transaction ID: 466C9BEB9CC3F6B6FADD

Amount of Each Receipt this Period
91.00

C. Full Name (Last, First, Middle Initial)
Howard T. Walpole, Jr., M.D.,
Mailing Address 31 Northumberland

City State Zip Code
Nashville TN 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 ▼ 4545.50

Date of Receipt
MM / DD / YYYY
11 / 03 / 2009

Transaction ID: 4B20894259ADBDA520EE

Amount of Each Receipt this Period
454.55

SUBTOTAL of Receipts This Page (optional) ► **628.89**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 39
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Mary Norine Walsh, M.D., F.A.		Date of Receipt MM / DD / YYYY 11 / 29 / 2009	
Mailing Address 428 West 83rd Place		Transaction ID: 4197A7BA4F2EDCA1A4F0	
City Indianapolis	State IN	Zip Code 46260-4905	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Care Group LLC	Occupation HEART FAILURE/TRANSPLANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

B.

Full Name (Last, First, Middle Initial) Robert C. Wesley, Jr., M.D.,		Date of Receipt MM / DD / YYYY 11 / 09 / 2009	
Mailing Address 2675 Windmill Parkway Apt. 1921		Transaction ID: 443583502630B367A272	
City Henderson	State NV	Zip Code 89074-1941	Amount of Each Receipt this Period 84.00
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 ▼ 672.00		

C.

Full Name (Last, First, Middle Initial) Steven R. West, M.D., F.A.		Date of Receipt MM / DD / YYYY 11 / 19 / 2009	
Mailing Address 15636 Fiddlesticks Boulevard 13411 Parker Commons Boulevard, Su		Transaction ID: 45E8890EBC1815422B2E	
City Fort Myers	State FL	Zip Code 33912-3901	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Capital Regional Medical Center (Colum	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	284.00
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 / 39
	<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) Pierre A. Wicker, M.D.		Date of Receipt MM / DD / YYYY 11 / 06 / 2009		
	Mailing Address 30 High Street		Transaction ID: 42E59FB34C98BD531D7F		
	City Mystic	State CT	Zip Code 06355-2402	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pfizer Central Research	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

B.	Full Name (Last, First, Middle Initial) Michael C. Widmer, M.D., F.A.		Date of Receipt MM / DD / YYYY 11 / 03 / 2009		
	Mailing Address 2753 Northeast Red Oak Drive		Transaction ID: 46309AB73FF0424CA2E2		
	City Bend	State OR	Zip Code 97701-8348	Amount of Each Receipt this Period 91.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Heart Center Cardiology	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1160.00			

C.	Full Name (Last, First, Middle Initial) Michael J. Wolk, M.D., M.A.		Date of Receipt MM / DD / YYYY 11 / 07 / 2009		
	Mailing Address 876 Park Avenue		Transaction ID: 4653AE9693E243EACFB0		
	City New York	State NY	Zip Code 10075-1843	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C				
	Name of Employer New York Cardiology Associates	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 833.39			

SUBTOTAL of Receipts This Page (optional)	▶	224.34
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 29 / 39
	(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) Richard F. Wright, M.D., F.A.		Date of Receipt MM / DD / YYYY 11 / 03 / 2009
Mailing Address 1038 South Carmelina Avenue 2001 Santa Monica Boulevard		Transaction ID: 49D38F25BFB1837BCFB0
City Los Angeles	State Zip Code CA 90049	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Pacific Heart Institute	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 1800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Shahram Yazdani, M.D., F.A.		Date of Receipt MM / DD / YYYY 11 / 11 / 2009
Mailing Address 8100 Ashton Ave Ste 200		Transaction ID: 4C0BA990CD058A9FD4E3
City Manassas	State Zip Code VA 20109-5688	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer Virginia Cardiovascular Associates, PC	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 840.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	284.00
TOTAL This Period (last page this line number only)	14734.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 30 / 39	
	(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		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	6	/	2	0	0	9														
	City State Zip Code Richmond VA 23285-5024		Transaction ID: 382EC1B50AF111F63C5																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 788.03																					
Name of Employer Occupation		Reimburse. for October Am- ex and November Merchant Fees																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 14500.82																						

SUBTOTAL of Receipts This Page (optional)	▶	788.03
TOTAL This Period (last page this line number only)	▶	788.03

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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 Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement November Amex Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: VEF7113DB79FDB688AD Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 123.36 Category/Type 001
B. Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address C/O Nova Information Systems 7300 Chapman Hwy City Knoxville State TN Zip Code 37920 Purpose of Disbursement November Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: M3AF5B605EC7939D8A53 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 682.59 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ►

805.95

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

805.95

**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) Charles A. Gonzalez Congressional Campaign</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement 2010 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 204484E4985E02A84D2</p> <p>Date of Disbursement 11 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Charles Boustany Jr MD for Congress, Inc</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6CF1884A20111B7E96D</p> <p>Date of Disbursement 11 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Henry A. Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 214C7CA3B18915C9D5D</p> <p>Date of Disbursement 11 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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) Courtney for Congress</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Joseph D. Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EFD9EA96AF392E61010</p> <p>Date of Disbursement 11 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Harry M. Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: A3B5CD4B93544A233BC</p> <p>Date of Disbursement 11 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends for Jim McDermott</p> <p>Mailing Address PO Box 21786</p> <p>City Seattle State WA Zip Code 98111</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Jim McDermott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE6D33CE8CF759D5459</p> <p>Date of Disbursement 11 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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)

<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 Jack Kingston</p> <p>Mailing Address PO Box 2133</p> <p>City Savannah State GA Zip Code 31402</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Jack Kingston</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 440E6917172EC3893D6</p> <p>Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Roy Blunt</p> <p>Mailing Address PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Roy D. Blunt</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: CC24AE5E17ABD995119</p> <p>Date of Disbursement 11 / 12 / 2009</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 Sherrod Brown</p> <p>Mailing Address PO Box 76187</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Sherrod Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1E72D8F6F8A55D19A9</p> <p>Date of Disbursement 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Gene Taylor for Congress Committee <hr/> Mailing Address PO Box 3838 <hr/> City Bay St. Louis State MS Zip Code 39520 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Gene Taylor <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 74A5A9A29B7972A6579 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) John Salazar for Congress <hr/> Mailing Address PO Box 534 <hr/> City Pueblo State CO Zip Code 81002 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John T. Salazar <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 09EC4D1BF00A7644CD5 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <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 682185 <hr/> City Franklin State TN Zip Code 37068 <hr/> Purpose of Disbursement 2010 General 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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0312BDA74A3D13FBD79 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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) Mary Bono Mack Committee</p> <p>Mailing Address PO Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Mary Bono Mack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9411EEFE76D9CD702D3</p> <p>Date of Disbursement 11 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) McGoff for Congress</p> <p>Mailing Address PO Box 44188</p> <p>City Indianapolis State IN Zip Code 46244</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John P. McGoff</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 40B198518ECF56A9137</p> <p>Date of Disbursement 11 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Mike McIntyre for Congress</p> <p>Mailing Address PO Box 1</p> <p>City Lumberton State NC Zip Code 28359</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Mike McIntyre</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EE262E84D3BF0860F8E</p> <p>Date of Disbursement 11 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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) Ortiz for Congress Committee</p> <p>Mailing Address PO Box 7806</p> <p>City Corpus Christi State TX Zip Code 78467</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Solomon P. Ortiz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 27</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3AA9AB19642AB527D5C</p> <p>Date of Disbursement 11 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Richard Burr Committee, The</p> <p>Mailing Address Post Office Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Richard M. Burr</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D39DB4FF8A5BC2FBED6</p> <p>Date of Disbursement 11 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Richard E. Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 53A456FB0366DA18EEB</p> <p>Date of Disbursement 11 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

Walden for Congress

Mailing Address PO Box 1091

City State Zip Code
Hood River OR 97031

Purpose of Disbursement
2010 Primary

Candidate Name
Greg P. Walden

Office Sought: House
 Senate
 President

State: OR District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 7DAC53F604B10E8B3FB

Date of Disbursement

^M 1	^M 1	/	^D 0	^D 9	/	^Y 2	^Y 0	^Y 0	^Y 9
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Amount of Each Disbursement this Period

2500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

29000.00

**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)

James R. Harper, Jr., M.D.,

Mailing Address 1725 New Hanover Medical Park

City State Zip Code
Wilmington NC 28403-5345

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: C793B015D90728EB211

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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