

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 Washington DC 20037 1153 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 01 2007 through 11 30 2007

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 Richard Goldberg

Signature of Treasurer Electronically Filed by Richard Goldberg Date 12 20 2007

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

**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 | 7 |

 To:

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| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>7</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 7 | | 384594.40 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 7 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 291800.50 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 36556.68 | 344324.04 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 328357.18 | 728918.44 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 63411.77 | 463973.03 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 264945.41 | 264945.41 | | | | | | | | |
| 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 |
| 1 | 1 |

| | |
|---|---|
| D | D |
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| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

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|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| 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 | 29217.33 | 271872.07 |
| (i) Itemized (use Schedule A) | 6665.00 | 63806.41 |
| (ii) Unitemized | 35882.33 | 335678.48 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (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) | 35882.33 | 335678.48 |
| 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) | 674.35 | 8645.56 |
| 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)) | 36556.68 | 344324.04 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 36556.68 | 344324.04 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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..... | 911.77 | 8864.04 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 911.77 | 8864.04 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 62500.00 | 451708.99 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 3400.00 |
| (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)) | 0.00 | 3400.00 |
| 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)).. | 63411.77 | 463973.03 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 63411.77 | 463973.03 |

DETAILED SUMMARY PAGE
of Disbursements

| 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) | 35882.33 | 335678.48 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 3400.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 35882.33 | 332278.48 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 911.77 | 8864.04 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 674.35 | 8645.56 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 237.42 | 218.48 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 46 |
| | <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)
Jay Alexander

Mailing Address 2151 Waukegan Road #100

City State Zip Code
Deerfield IL 60015-1857

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

Name of Employer Occupation
North Shore Cardiologists, SC ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3850.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 121207-VLEF1F33D7FE

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Paul Anderson

Mailing Address 1650 Hilby Avenue

City State Zip Code
Seaside CA 93955-6105

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 7

Transaction ID: 9946ebe788b240db89d2

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Thomas Arend

Mailing Address 2400 N Street, Northwest

City State Zip Code
Washington DC 20037-1153

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

Name of Employer Occupation
American College of Cardiology General Counsel & COO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 79bf9777c52644568213

Amount of Each Receipt this Period
55.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 755.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 46 |
| | <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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Vincent Barresi | | Date of Receipt MM / DD / YYYY 11 / 21 / 2007 |
| Mailing Address 1427-H Roxbury Road | | Transaction ID: 5776b2c7c7274b16b900 |
| City Columbus | State OH | |
| Zip Code 43212-3212 | | 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 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Asish Basu | | Date of Receipt MM / DD / YYYY 11 / 30 / 2007 |
| Mailing Address 3366 Stuart Road | | Transaction ID: b6f263d89ae24f02a960 |
| City Fostoria | State OH | |
| Zip Code 44830-1593 | | Amount of Each Receipt this Period 125.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Fostoria Community Hospital | Occupation ADULT CARDIOLOGY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Timothy Bateman | | Date of Receipt MM / DD / YYYY 11 / 29 / 2007 |
| Mailing Address 4330 Wornall Road Suite 2000 | | Transaction ID: 121207-VLEF1F2AF04E |
| City Kansas City | State MO | |
| Zip Code 64111-5939 | | Amount of Each Receipt this Period 50.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Cardiovascular Consultants, PC | Occupation ADULT CARDIOLOGY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 425.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|--|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 46 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. J. Benge | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7 | |
| Mailing Address 1320 Kennicott Drive | | Transaction ID: bdde20c0a1864bf883b3 | |
| City State Zip Code Lake Forest IL 60045-1552 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Lake Heart Specialists | Occupation INTERVENTIONAL CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Charles Bethea | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 | |
| Mailing Address 6604 N Pennsylvania Avenue | | Transaction ID: 5a61d0b69da64282b567 | |
| City State Zip Code Nichols Hills OK 73116-5315 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Cardiovascular Clinic | Occupation ADULT CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Neil Brandon | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 | |
| Mailing Address 47 Canonchet Way | | Transaction ID: 1705faebb8934756a8b8 | |
| City State Zip Code Narragansett RI 02882-7306 | 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 ▼ 500.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 9 / 46 |
| | (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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Alan Brown | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7 |
| Mailing Address 4th Floor Edwards Heart Hospital 801 S Washington Street | | Transaction ID: 121207-VLFF1F33EF0E |
| City Naperville | State IL | Zip Code 60567 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Midwest Heart Specialists | Occupation ADULT CARDIOLOGY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | |

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|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Thomas Brown | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7 |
| Mailing Address 510 S 26th Street | | Transaction ID: 0989751b8ea244b78f6e |
| City West Des Moines | State IA | Zip Code 50265-6457 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 251.00 |
| Name of Employer Iowa Heart Center | Occupation ADULT CARDIOLOGY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 753.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Joseph Cacchione | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7 |
| Mailing Address 5740 Hickory Knoll Court | | Transaction ID: 0035db3fee3b495ca939 |
| City Fairview | State PA | Zip Code 16544-0002 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer St. Vincent Health Center | Occupation ADULT CARDIOLOGY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 851.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 46 |
| | <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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Daniel Carey | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7 |
| Mailing Address 7 Wyngate Court 2410 Atherhold Road | | Transaction ID: 53f44e08264d469cbc6f Amount of Each Receipt this Period 500.00 |
| City Portsmouth State VA Zip Code 24506-1709 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Cardiovascular Associates of Central V | Occupation INTERVENTIONAL CARDIOLOGY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Hollace Chastain | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 |
| Mailing Address 1819 Carew Street | | Transaction ID: 121207-VLFF1F33EF01 Amount of Each Receipt this Period 100.00 |
| City Fort Wayne State IN Zip Code 46805-4705 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Fort Wayne Cardiology | Occupation ADULT CARDIOLOGY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Daniel Choo | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 |
| Mailing Address 1476 Alta Mesa Way | | Transaction ID: 6ee7e725e896436b8612 Amount of Each Receipt this Period 125.00 |
| City Brea State CA Zip Code 91745-6827 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self-Employed | Occupation ADULT CARDIOLOGY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 725.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 46 |
| | <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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Bernard Clark | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7 | |
| Mailing Address 114 Woodland Street | | Transaction ID: 121207-VLFF1F2AF057 | |
| City State Zip Code Hartford CT 06105-1208 | Amount of Each Receipt this Period 50.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer St. Francis Hospital and Medical Centre | Occupation ADULT CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 850.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Barry Coughlin | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7 | |
| Mailing Address 909 East Fir | | Transaction ID: 14035da2ff9040b6b7c5 | |
| City State Zip Code Lompoc CA 93436-7002 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Lompoc Cardiology | Occupation NON-INVASIVE CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Brian Dearing | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7 | |
| Mailing Address 814 Bon Secour Avenue | | Transaction ID: 5f21a773b63342b99055 | |
| City State Zip Code Fairhope AL 36532-3305 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer 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) ▶ | 400.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 46 |
| | <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) Robert Dewey Mailing Address 23 Church Road City Bedford State NH Zip Code 03102-3730 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7 Transaction ID: 53149a57b32f4840beb3 Amount of Each Receipt this Period 500.00 |
| Name of Employer: New England Heart Institute/Catholic Me 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) Joshua Donner Mailing Address 514 Cooper Drive Southeast City Rome State GA Zip Code 30161-6012 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Transaction ID: 35a38a6710f34cc0a80c Amount of Each Receipt this Period 500.00 |
| Name of Employer: Self-Employed Occupation: PEDIATRIC CARD. 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) Regina Druz Mailing Address 300 Community Drive City Manhasset State NY Zip Code 11030-3816 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7 Transaction ID: 349720482ef747bbb014 Amount of Each Receipt this Period 250.00 |
| Name of Employer: North Shore University Hospital/Divisi Occupation: NUCLEAR CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | | |

| | | |
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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 13 / 46 |
| | (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

| | | | |
|---|----------|---|--|
| Full Name (Last, First, Middle Initial) A. Howard Eisen | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7 | |
| Mailing Address Mail Stop 1012 245 N 15th Street | | Transaction ID: 889888e424c143afb802 | |
| City Philadelphia | State PA | Zip Code 19102 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Drexel University College of Medicine | | Occupation ADULT CARDIOLOGY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 750.00 | |

| | | | |
|---|----------|---|--|
| Full Name (Last, First, Middle Initial) B. Pablo Elizalde | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7 | |
| Mailing Address 3 Anchor Court | | Transaction ID: 594db868190c41b1933f | |
| City Savannah | State GA | Zip Code 31404-6220 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Cardiovascular Consultants, 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 | |

| | | | |
|---|----------|---|--|
| Full Name (Last, First, Middle Initial) C. Peter Epstein | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 | |
| Mailing Address 3 Clover Drive | | Transaction ID: c49d3444032548329610 | |
| City Great Neck | State NY | Zip Code 11021-1817 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Brookdale Hospital Medical 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 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 46 |
| | <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

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. James Fasules | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7 |
| Mailing Address Slot 512-3 Room G3005P-1 1900 Maryland | | Transaction ID: 121207-VLEF1F33EF09 |
| City Little Rock | State AR | Zip Code 72202 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 42.00 |
| Name of Employer Arkansas Children's Hospital Pediatric | Occupation PEDIATRIC CARD. | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 670.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Joshua Fischer | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 7 |
| Mailing Address 650 Peter Jefferson Parkway Suite | | Transaction ID: 56131742c7df48d4a5e3 |
| City Charlottesville | State VA | Zip Code 22911-8844 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Cardiovascular Associates of Charlotte | Occupation INVASIVE CARDIOLOGY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Charles Fuenzalida | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7 |
| Mailing Address 5301 Preserve Parkway S | | Transaction ID: f754b9c4d39847f0b33a |
| City Littleton | State CO | Zip Code 80121-2147 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation GENERAL PRACTICE | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) | 392.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 46 |
| | <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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Harris Gelberg | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7 |
| Mailing Address 2416 Castillo Street | | Transaction ID: b58f505ce3b444378705 |
| City State Zip Code Santa Barbara CA 93105-4342 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self-Employed Occupation Self-Employed ADULT CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Brian Go | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 |
| Mailing Address 4308 Heathgate Lane | | Transaction ID: c02034ca935541678f7d |
| City State Zip Code Raleigh NC 27613-2506 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self-Employed Occupation Self-Employed ADULT CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Barbara Greenan | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7 |
| Mailing Address 9418 Balfour Drive | | Transaction ID: a5f8d887201f4391a875 |
| City State Zip Code Bethesda MD 20814-1616 | Amount of Each Receipt this Period 114.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer American College of Cardiology Occupation American College of Cardiology Division Vice President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 570.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 614.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 46 |
| | <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)
Allan Greenspan

Mailing Address 5501 Old York Road

City Philadelphia State PA Zip Code 19141-3018

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

Name of Employer Self-Employed Occupation ELECTROPHYSIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 30 / 2007

Transaction ID: df0004a6953b4b6ea9ac

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
David Griffin

Mailing Address 224 Oak Lane

City Palmyra State PA Zip Code 17042-7497

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 / 16 / 2007

Transaction ID: a4fffd37273140c8b4c9

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mukesh Gupta

Mailing Address 3713 Sand Rock Trail

City Owensboro State KY Zip Code 42303-3222

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

Name of Employer Kentuckiana Heart & Vascular Specialis Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
11 / 07 / 2007

Transaction ID: d4850cbac086409f8f9c

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 46 |
| | <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

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. William Harris | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 | |
| Mailing Address 3 Douglas Drive | | Transaction ID: de8a1d516120432d897b | |
| City Newport News | State VA | Zip Code 23601-3610 | Amount of Each Receipt this Period 125.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Employed | Occupation ADULT CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | | |

| | | | |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. Kevin Hart | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7 | |
| Mailing Address 1819 Carew Street | | Transaction ID: a0a77db825f8469cb910 | |
| City Fort Wayne | State IN | Zip Code 46805-4705 | Amount of Each Receipt this Period 42.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Fort Wayne Cardiology Corporation | Occupation ADULT CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Jack Hopkins | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7 | |
| Mailing Address 7460 Wolf River Boulevard | | Transaction ID: 7b628ce713bb4551b02b | |
| City Germantown | State TN | Zip Code 38138-1772 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Sutherland Clinic | Occupation ADULT CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 46 |
| | <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

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Benjamin Jones | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 | |
| Mailing Address 8 Medical Park Suite 300 | | Transaction ID: 8b29023d60bc4bed8b33 | |
| City Columbia | State SC | Zip Code 29202 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Columbia Heart Clinic 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 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Michael Kelberman | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 | |
| Mailing Address 37 Ironwood Road | | Transaction ID: f6a204c67a2e4a16a119 | |
| City New Hartford | State NY | Zip Code 13501-5930 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Central New York 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 | | |

| | | | |
|---|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) C. Jerry Kennett | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 | |
| Mailing Address 1101 Canterbury Drive | | Transaction ID: aa51876f452d4a9aa8b6 | |
| City Columbia | State MO | Zip Code 65203-5217 | Amount of Each Receipt this Period 1500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Missouri Heart Center | Occupation ADULT CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 46 |
| | <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

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Gregory Lanza | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7 |
| Mailing Address Washington University Medical Scho 660 South Euclid Avenue, Campus Bo | | Transaction ID: 3f9e5529ff8445e2b4eb Amount of Each Receipt this Period 250.00 |
| City State Zip Code Saint Louis MO 63156-8086 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. David Law | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7 |
| Mailing Address 306 Dux Landing | | Transaction ID: 65246e03c153435ead3a Amount of Each Receipt this Period 500.00 |
| City State Zip Code Cape Girardeau MO 63703-4927 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Cardiovascular Consultants of Cape Gira Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Barry Lewis | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 |
| Mailing Address 25806 Island Lake Drive Suite 220 | | Transaction ID: 829e6b0cd5be64b3c1f Amount of Each Receipt this Period 500.00 |
| City State Zip Code Novi MI 48334-3275 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Cardiovascular Clinical Associates PC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 1500.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 20 / 46 |
| | (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

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Melchor Lim | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 | |
| Mailing Address Cardiology of Tulsa 6151 S Yale Street Suite 400 | | Transaction ID: fe8baf3139ff418ebcc7 | |
| City Tulsa | State OK | Zip Code 74076-2047 | 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 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Denis McMillan | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7 | |
| Mailing Address 4050 SW 109th Ave | | Transaction ID: 2b2de467444e49dc8752 | |
| City Davie | State FL | Zip Code 33328-2129 | Amount of Each Receipt this Period 250.00 |
| 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 ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Paul McWhirter | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 | |
| Mailing Address 3396 Rossi Street Suite 100 | | Transaction ID: 72f759ceee4047b69ea3 | |
| City Lafayette | State CA | Zip Code 94520-1816 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Contra Costa Cardiology Medical Group | 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) ▶ | 1050.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 46 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Michael Mirro | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 | |
| Mailing Address 1819 Carew Street | | Transaction ID: 121207-VLFF1F33EF0A | |
| City State Zip Code Fort Wayne IN 46805-4705 | 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1350.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Gary Nathanson | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 | |
| Mailing Address 20 Stone Hedge Drive | | Transaction ID: a5d8b3894ef5487894a6 | |
| City State Zip Code Poughkeepsie NY 12603-6507 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Mid Hudson Medical Group | Occupation ADULT CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Efstathios Naum | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7 | |
| Mailing Address 12303 N Woodfield N84W16889 Menomonee Avenue | | Transaction ID: 16e3afdf043e41d19252 | |
| City State Zip Code Thiensville WI 53051 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Advanced Healthcare, SC | Occupation INVASIVE 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) ▶ | 1100.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 46 |
| | <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)
Gerald Neuberg

Mailing Address 5141 Broadway, Room 2-246

City State Zip Code
New York NY 10034-1159

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

Name of Employer Occupation
New York Presbyterian Hos- ADULT CARDIOLOGY
p.Allen Pavil

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 4d056dd5a1fa422895c4

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Emad Nukta

Mailing Address 29853 Chairmans Rowe

City State Zip Code
Cleveland OH 44145-6711

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) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 7

Transaction ID: 47ccbc43efe24f75b435

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Marc Okun

Mailing Address 1417 Madison Park Drive

City State Zip Code
Glen Burnie MD 21061-5613

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 65849b640905448da773

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 46 |
| | <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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Ted Parris | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7 |
| Mailing Address 205 David Drive | | Transaction ID: ea3903ebed1b4dd38f4b |
| City State Zip Code Havertown PA 19083-1019 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| 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 ▼ 250.00 |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Joseph Parrish | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7 |
| Mailing Address 1105 E Massachusetts Avenue | | Transaction ID: f70536aef4ea4f75aac8 |
| City State Zip Code Southern Pines NC 28387-6737 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 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 |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Apurva Patel | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 7 |
| Mailing Address 1030 North Hillpoint Boulevard | | Transaction ID: 99c861ac5b9e4acb8ce4 |
| City State Zip Code Suffolk VA 23434-8470 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 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 ▼ 750.00 |

| | |
|--|---------------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 46 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Rajendra Patel | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 | |
| Mailing Address 16 Nolan Circle | | Transaction ID: 4bf86deea38ef35c565 | |
| City State Zip Code Voorhees NJ 08043-2461 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Gardenstate Cardiology As-soc., PC | | Occupation ADULT CARDIOLOGY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 750.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Leo Podolsky | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7 | |
| Mailing Address 255 W Lancaster Suite 234 | | Transaction ID: f204fe8ecf5243109446 | |
| City State Zip Code Paoli PA 19301-1781 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Paoli Memorial Hospital | | Occupation ADULT CARDIOLOGY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Steven Priest | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 | |
| Mailing Address 3222 W Riverside Drive | | Transaction ID: 37665ad56db242b4b6e9 | |
| City State Zip Code Fort Myers FL 33907-4539 | | Amount of Each Receipt this Period 250.00 | |
| 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 ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 46 |
| | <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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Atul Ramachandran | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7 |
| Mailing Address 13231 Nicholas Circle | | Transaction ID: 6bc9d2e71aba42fa9069 |
| City State Zip Code Omaha NE 68154-5134 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 200.00 |
| Name of Employer Nebraska Heart Institute | Occupation ADULT CARDIOLOGY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Myron Resnick | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7 |
| Mailing Address 723 Kincaid Mills Lane | | Transaction ID: c9ccf4e0793140cfa70d |
| City State Zip Code Wallingford PA 19086-6785 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 100.00 |
| 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 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. George Rodgers | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7 |
| Mailing Address 3300 Duval Road Suite 150 | | Transaction ID: 121207-VLEF1F2AF051 |
| City State Zip Code Austin TX 78759-3542 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 85.00 |
| 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 ▼ 1270.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 385.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 46 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. J. James Rohack | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 | |
| Mailing Address 4409 Leonard Road 2401 S 31st Street | | Transaction ID: 42bf7f02368a453db168 | |
| City State Zip Code Bryan TX 76504-7115 | | Amount of Each Receipt this Period 100.00 | |
| 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 ▼ 300.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Michael Rossi | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 | |
| Mailing Address 2380 Spyglass Hill Cedar Crest and I-78 | | Transaction ID: 1c350de0b0a04fd4b905 | |
| City State Zip Code Center Valley PA 18105-1556 | | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Lehigh Valley Hospital | | Occupation ADULT CARDIOLOGY | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Frank Ryan | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7 | |
| Mailing Address 705 Ridgemont Ave | | Transaction ID: 444c61960e6f4568ad9f | |
| City State Zip Code Rockville MD 20850-6060 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer American College of Cardiology | | Occupation Director, PAC & Grassroots Development | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1100.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 450.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 46 |
| | <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

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Brian Sarter | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 7 | |
| Mailing Address 100 Salasin Drive | | Transaction ID: 866101b6f0a94f48b48e | |
| City Avondale | State PA | Zip Code 19348-2688 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Cardiology Physicians, P.-A. | Occupation ADULT CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Pillutla Sastry | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7 | |
| Mailing Address 100 Bentley Avenue | | Transaction ID: 3c47d1f0a02a452caa43 | |
| City Jersey City | State NJ | Zip Code 07304-1702 | Amount of Each Receipt this Period 125.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Employed | Occupation INTERNAL MED. | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | | |

| | | | |
|---|------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) C. Jane Schauer | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7 | |
| Mailing Address 2522 Veranda Rd NW | | Transaction ID: 25978b9b71994573a917 | |
| City Albuquerque | State NM | Zip Code 87107-2939 | Amount of Each Receipt this Period 20.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Presbyterian Heart Group | Occupation ADULT CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 560.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 395.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 46 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Michael Scherlag | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7 | |
| Mailing Address 4050 West Memorial Road | | Transaction ID: d5b8a4ce4bfe4379b6a4 | |
| City State Zip Code Oklahoma City OK 73120-8382 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Oklahoma Heart Hospital | Occupation ADULT CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Jay Schlaifer | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7 | |
| Mailing Address 1116 N 16th St. Suite B | | Transaction ID: 790c19ea31554e03bde5 | |
| City State Zip Code Lafayette IN 47904-2119 | 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 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Stephen Schnugg | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 | |
| Mailing Address 7834 Pine Ridge Drive | | Transaction ID: 56a6f52fa24c4c2784aa | |
| City State Zip Code Medford OR 97504-4314 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Heart Clinic of Southern Oregon and No | 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) ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 46 |
| | <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)
Steve Scott

Mailing Address 2916 East 57th Place

City State Zip Code
Tulsa OK 74105-7410

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

Name of Employer Heart Center of Tulsa 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
1 1 / 3 0 / 2 0 0 7

Transaction ID: b491753d07774a2d9989

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ashok Sharma

Mailing Address 11 Coltsfoot Gln

City State Zip Code
Saddle River NJ 07458-2701

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

Name of Employer Valley Regional Medical Center Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 7caef2252e684216bde4

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Narendra Singh

Mailing Address 6350 Haddington Lane
Laurel Springs

City State Zip Code
Suwanee GA 30342-4789

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

Name of Employer Northside Cardiology 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
1 1 / 3 0 / 2 0 0 7

Transaction ID: 76019bdab0e6419c92da

Amount of Each Receipt this Period
125.00

| | | |
|--|---|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 46 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Kuddythamby Sinnathamby | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7 | |
| Mailing Address 5538 Philadelphia Drive | | Transaction ID: 3b319031c4f74a4ea501 | |
| City State Zip Code Dayton OH 45415-3062 | | Amount of Each Receipt this Period 125.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Employed Occupation ADULT CARDIOLOGY | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 375.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. William Smith | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7 | |
| Mailing Address 1912 Hallmark Lane | | Transaction ID: 8b7f16ad5c674858bc23 | |
| City State Zip Code Wilmington NC 28403-8052 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Coastal Cardiology Associates Occupation ELECTROPHYSIOLOGY | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Louis Snyder | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7 | |
| Mailing Address 16244 South Military Trail Building 500, Suite 560 | | Transaction ID: 43cc7061c05a4f5dbe67 | |
| City State Zip Code Delray Beach FL 33484 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 31 / 46 |
| | (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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. John Steers | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7 |
| Mailing Address 105 Bryn Mawr Medcl Building N 830 Old Lancaster Road | | Transaction ID: 095b1c483c0f4af597ec Amount of Each Receipt this Period 250.00 |
| City State Zip Code Bryn Mawr PA 19010-3118 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Cardiology Consultants, Ltd. | Occupation ADULT CARDIOLOGY | Amount of Each Receipt this Period 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Jonathan Stein | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7 |
| Mailing Address 1100 Andre Street Suite 205 | | Transaction ID: dc7566c59b594d6e9893 Amount of Each Receipt this Period 100.00 |
| City State Zip Code New Iberia LA 70563-2159 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Self-Employed | Occupation ADULT CARDIOLOGY | Amount of Each Receipt this Period 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Craig Stevens | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7 |
| Mailing Address 1409 Northwest Northwoods Drive | | Transaction ID: 8f835d216ed144edb195 Amount of Each Receipt this Period 250.00 |
| City State Zip Code Ankeny IA 50314-3029 | FEC ID number of contributing federal political committee. C | |
| Name of Employer Iowa Heart Center | Occupation ADULT CARDIOLOGY | Amount of Each Receipt this Period 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 600.00 |
| TOTAL This Period (last page this line number only) ▶ | 600.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 46 |
| | <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) Roger Stevenson Mailing Address 11808 Hunting Ridge Court City Potomac State MD Zip Code 20817-1830 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7 Transaction ID: ce18153f612a48489e55 Amount of Each Receipt this Period 400.00 |
| 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 ▼ 400.00 |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) James Story Mailing Address 1020 Glendalyn Cr City Spartanburg State SC Zip Code 29303-2248 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7 Transaction ID: d4ee6bb7f044471aa975 Amount of Each Receipt this Period 250.00 |
| Name of Employer Spartanburg Regional Medical Center Ca 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) Mary Walsh Mailing Address 8333 Naab Road Suite 400 City Indianapolis State IN Zip Code 46260-1992 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7 Transaction ID: 121207-VLEF1F2AF054 Amount of Each Receipt this Period 100.00 |
| Name of Employer The Care Group LLC 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 |

| | |
|--|---------------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 46 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Donal Warde | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7 | |
| Mailing Address 490 E North Avenue Suite 400 | | Transaction ID: 6d6e224af8654851999f | |
| City State Zip Code Pittsburgh PA 15212-4740 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Carlton Cardiology Associates, Inc.All | Occupation ADULT CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Steven West | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 | |
| Mailing Address Cardiology Consultants of Southwes 13411 Parker Commons Boulevard, Su | | Transaction ID: 121207-VLEF1F33EF0F | |
| City State Zip Code Fort Myers FL 33912 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Cardiology Consultants of Southwest Fl | Occupation ADULT CARDIOLOGY | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1100.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. R. Jeffrey Westcott | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 | |
| Mailing Address 1730 Minor Avenue Suite 1010 | | Transaction ID: d4cf965c81334472b71c | |
| City State Zip Code Seattle WA 98101-1464 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Seattle Cardiology | 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) ▶ | 1100.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 / 46 |
| | <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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Shirley Williams | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7 | |
| Mailing Address 961 Fountain Drive | | Transaction ID: a7f554ba5c8d407386ab | |
| City State Zip Code Coppel TX 75019-6344 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Employed Occupation ADULT CARDIOLOGY | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. William Wilson | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7 | |
| Mailing Address 1845 Forest Park Boulevard | | Transaction ID: e3b97d5356ca4a819643 | |
| City State Zip Code Fort Wayne IN 46805-5114 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. John Windsor | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 | |
| Mailing Address 310 N 10th Street | | Transaction ID: 121207-VLFF1F33EF06 | |
| City State Zip Code Bismarck ND 58501-4516 | Amount of Each Receipt this Period 100.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Heart & Lung Clinic Occupation ADULT CARDIOLOGY | Aggregate Year-to-Date ▼ 1200.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 850.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 / 46 |
| | <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 Wolk

Mailing Address 876 Park Avenue

City State Zip Code
New York NY 10075-1832

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

Name of Employer Occupation
New York Cardiology Assoc. ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 121207-VLEF1F33EF08

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
David Yamada

Mailing Address 1580 Hillview Drive

City State Zip Code
Sarasota FL 34239-2026

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
M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 83f3392f758845358afb

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Antoine Younis

Mailing Address 11403 Memorial Drive

City State Zip Code
Houston TX 77030-2336

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 ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: 6b2291bbe888458bb18e

Amount of Each Receipt this Period
2000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2333.33 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 36 / 46 | |
| | (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"/> 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 Zeman

Mailing Address 11009 San Francisco Road Northeast

City State Zip Code
Albuquerque NM 87102-2512

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

Name of Employer Occupation
New Mexico Heart Institute 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 |
| 1 | 1 | / | 1 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: 55d7e5e93d7c4bb19dcd

Amount of Each Receipt this Period
250.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 250.00 |
| TOTAL This Period (last page this line number only) | ▶ | 29217.33 |

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

| | | |
|--|------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 37 / 46 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" 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)
American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8645.56

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: 02574-25333803892135

Amount of Each Receipt this Period
130.66

Reimburse for October Amex Fees

B. Full Name (Last, First, Middle Initial)
American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8645.56

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: 02574-67765444517136

Amount of Each Receipt this Period
543.69

Reimburse for Nov. Disc./- Merchant Fees

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 674.35 |
| TOTAL This Period (last page this line number only) | 674.35 |

**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 38 / 46

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: V96352-2140771746635 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 |
| Mailing Address PO Box 53852 | | Amount of Each Disbursement this Period 234.33 |
| 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) ▼ | Category/Type 001 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Discover Business Services | | Transaction ID: M02574-4072076678276 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7 |
| Mailing Address PO Box 3010 | | Amount of Each Disbursement this Period 2.09 |
| City New Albany State OH Zip Code 43054 | Purpose of Disbursement November Discover 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) ▼ | Category/Type 001 |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Merchant Services | | Transaction ID: M02574-6377527117729 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7 |
| Mailing Address 7300 Chapman Hwy | | Amount of Each Disbursement this Period 492.02 |
| 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) ▼ | Category/Type 001 |

SUBTOTAL of Disbursements This Page (optional) ► **728.44**

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)

PAGE 39 / 46

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

Full Name (Last, First, Middle Initial)

A. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 55996-26412600278854

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. 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

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: M02574-4455530047416

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Charles A. Gonzalez Congressional Campaign | | Transaction ID: 60637-3727380633354 Date of Disbursement 11 / 14 / 2007 |
| Mailing Address PO Box 12612 | | Amount of Each Disbursement this Period 2500.00 |
| City San Antonio State TX Zip Code 78212 | 011 Category/ Type | |
| Purpose of Disbursement Contribution | | |
| Candidate Name Charles Gonzalez | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Citizens for Harkin | | Transaction ID: 93641-0658685564994 Date of Disbursement 11 / 06 / 2007 |
| Mailing Address PO Box 811 | | Amount of Each Disbursement this Period 1000.00 |
| City Des Moines State IA Zip Code 50304 | 011 Category/ Type | |
| Purpose of Disbursement Contribution | | |
| Candidate Name Tom Harkin | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Crowley for Congress | | Transaction ID: 02632-8986627459526 Date of Disbursement 11 / 07 / 2007 |
| Mailing Address 84-56 Grand Avenue | | Amount of Each Disbursement this Period 1500.00 |
| City Elmhurst State NY Zip Code 11373 | 011 Category/ Type | |
| Purpose of Disbursement Contribution | | |
| Candidate Name Joseph Crowley | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5000.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

**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

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. Crowley for Congress | | Transaction ID: 02632-9052545428276 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 84-56 Grand Avenue | | <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>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 0 | 7 | | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | | 0 | 7 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | |
| City Elmhurst State NY Zip Code 11373 | Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> | | | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Contribution | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | | | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Joseph Crowley | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. David Scott for Congress | | Transaction ID: 19558-1426202654838 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 960821 | | <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>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 2 | 1 | | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | | 2 | 1 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | |
| City Riverdale State GA Zip Code 30296 | Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> | | | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2008 Primary | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | | | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name David Scott | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee | | Transaction ID: 36310-8621942400932 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 120 Maryland Avenue NE | | <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>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 1 | 9 | | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | | 1 | 9 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | |
| City Washington State DC Zip Code 20002 | Amount of Each Disbursement this Period <table border="1"> <tr> <td>15000.00</td> </tr> </table> | | | 15000.00 | | | | | | | | | | | | | | | | | | | |
| 15000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2007 Contribution | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | | | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | <table border="1"> <tr> <td>18500.00</td> </tr> </table> | 18500.00 |
| 18500.00 | | |
| TOTAL This Period (last page this line number only) ▶ | <table border="1"> <tr> <td> </td> </tr> </table> | |
| | | |

**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 42 / 46

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Freedom Project, The | | Transaction ID: 93641-5159417986869 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7 |
| Mailing Address 424 C Street NE Basement Unit | | Amount of Each Disbursement this Period 2500.00 |
| City Washington State DC Zip Code 20002 | Purpose of Disbursement Contribution Candidate Name Category/Type 011 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Friends of Jay Rockefeller | | Transaction ID: 19558-4763910174369 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7 |
| Mailing Address PO Box 1909 | | Amount of Each Disbursement this Period 2500.00 |
| City Charleston State WV Zip Code 25327 | Purpose of Disbursement 2008 Primary Candidate Name John Rockefeller Category/Type 011 | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Jim Jordan for Congress | | Transaction ID: 19558-1273614764213 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7 |
| Mailing Address 1709 State Route 560 South | | Amount of Each Disbursement this Period 1000.00 |
| City Urbana State OH Zip Code 43078 | Purpose of Disbursement 2008 Primary Candidate Name James Jordan Category/Type 011 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04 | Disbursement For: 2008 <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) ▶ | (Empty box) |

**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 43 / 46

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. John Kerry for Senate | | Transaction ID: 84104-9172937273979 Date of Disbursement 11 / 02 / 2007 |
| Mailing Address 10 G Street Northeast Suite 710 | | Amount of Each Disbursement this Period 2500.00 |
| City Washington State DC Zip Code 20002 | 011 Category/ Type | |
| Purpose of Disbursement Contribution | | |
| Candidate Name John Kerry | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. John Kerry for Senate | | Transaction ID: 02632-1529504656791 Date of Disbursement 11 / 07 / 2007 |
| Mailing Address 10 G Street Northeast Suite 710 | | Amount of Each Disbursement this Period 2500.00 |
| City Washington State DC Zip Code 20002 | 011 Category/ Type | |
| Purpose of Disbursement Contribution | | |
| Candidate Name John Kerry | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. John Kerry for Senate | | Transaction ID: 02632-3179132342338 Date of Disbursement 11 / 07 / 2007 |
| Mailing Address 10 G Street Northeast Suite 710 | | Amount of Each Disbursement this Period 2500.00 |
| City Washington State DC Zip Code 20002 | 011 Category/ Type | |
| Purpose of Disbursement Contribution | | |
| Candidate Name John Kerry | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. John Lewis for Congress | | Transaction ID: 93641-9519006609916 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7 |
| Mailing Address 303 Peachtree Street Northeast Suite 5300 | | Amount of Each Disbursement this Period 1000.00 |
| City Atlanta State GA Zip Code 30308 | | |
| Purpose of Disbursement Contribution | 011 Category/ Type | |
| Candidate Name John Lewis | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Marion Berry for Congress | | Transaction ID: 19558-7207910418510 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7 |
| Mailing Address PO Box 8084 | | Amount of Each Disbursement this Period 1000.00 |
| City Jonesboro State AR Zip Code 72403 | | |
| Purpose of Disbursement 2008 Primary | 011 Category/ Type | |
| Candidate Name Marion Berry | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Mark Pryor for US Senate | | Transaction ID: 93641-6101343035697 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7 |
| Mailing Address PO Box 2720 | | Amount of Each Disbursement this Period 1000.00 |
| City Little Rock State AR Zip Code 72203 | | |
| Purpose of Disbursement Contribution | 011 Category/ Type | |
| Candidate Name Mark Pryor | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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) ▶ | (Empty box) |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mike Crapo for US Senate | | Transaction ID: 19558-6613885760307 Date of Disbursement 11 / 21 / 2007 |
| Mailing Address PO Box 1948 | | Amount of Each Disbursement this Period 2000.00 |
| City Boise | State ID TX Zip Code 83701 | |
| Purpose of Disbursement 2010 Primary | | |
| Candidate Name Michael Crapo | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: ID District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. National Republican Senatorial Committee | | Transaction ID: 36310-4417535662651 Date of Disbursement 11 / 19 / 2007 |
| Mailing Address 425 Second Street Northeast | | Amount of Each Disbursement this Period 15000.00 |
| City Washington | State ID DC Zip Code 20002 | |
| Purpose of Disbursement 2007 Contribution | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | |
| State: District: | 2007 Contribution | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ortiz for Congress Committee | | Transaction ID: 60637-9582483172416 Date of Disbursement 11 / 14 / 2007 |
| Mailing Address PO Box 7806 | | Amount of Each Disbursement this Period 2000.00 |
| City Corpus Christi | State ID TX Zip Code 78467 | |
| Purpose of Disbursement Contribution | | |
| Candidate Name Solomon Ortiz | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TX District: 27 | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) | 19000.00 |
| TOTAL This Period (last page this line number only) | (Empty) |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Pete Sessions for Congress 2008 | | Transaction ID: 93641-8535882830619 Date of Disbursement 11 / 06 / 2007 |
| Mailing Address PO Box 38585 | | Amount of Each Disbursement this Period 2500.00 |
| City Dallas State TX Zip Code 75238 | 011 Category/ Type | |
| Purpose of Disbursement Contribution | | |
| Candidate Name Pete Sessions | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Ron Lewis for Congress | | Transaction ID: 93641-4439813494682 Date of Disbursement 11 / 06 / 2007 |
| Mailing Address PO Box 307 | | Amount of Each Disbursement this Period 500.00 |
| City Elizabethtown State KY Zip Code 42702 | 011 Category/ Type | |
| Purpose of Disbursement Contribution | | |
| Candidate Name Ron Lewis | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ron Lewis for Congress | | Transaction ID: 93641-6755639910698 Date of Disbursement 11 / 06 / 2007 |
| Mailing Address PO Box 307 | | Amount of Each Disbursement this Period 500.00 |
| City Elizabethtown State KY Zip Code 42702 | 011 Category/ Type | |
| Purpose of Disbursement Contribution | | |
| Candidate Name Ron Lewis | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | 62500.00 |