

**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 Dayton State OH Zip Code 45415-3062	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00
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 ▼ 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 Wilmington State NC Zip Code 28403-8052	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Coastal Cardiology Associates Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ELECTROPHYSIOLOGY 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 Delray Beach State FL Zip Code 33484	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation INTERVENTIONAL CARDIOLOGY Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	