

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2009 through 09 30 2009

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

Signature of Treasurer Electronically Filed by Carlton G. Davids Date 10 20 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" 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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		142721.36
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	131924.25									
(c) Total Receipts (from Line 19)	107931.53	463333.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	239855.78	606055.20								
7. Total Disbursements (from Line 31)	28429.49	394628.91								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	211426.29	211426.29								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	98043.24	383519.87
(ii) Unitemized	7453.57	68938.77
(iii) TOTAL (add Lines 11(a)(i) and (ii)	105496.81	452458.64
(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)	105496.81	452458.64
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)	2434.72	10875.20
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))	107931.53	463333.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	107931.53	463333.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2429.49	11128.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2429.49	11128.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	383500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
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))..	28429.49	394628.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28429.49	394628.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	105496.81	452458.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	105496.81	452458.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2429.49	11128.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	2434.72	10875.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-5.23	253.71

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 85
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Anthony J. Agostini, D.O.
Mailing Address 8006 Monticello Court

City State Zip Code
Amarillo TX 79119-4969

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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 0A88C316237DF947BB6

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Anwar Ahmad, M.B.B.S.,
Mailing Address 1801 S Florey Avenue

City State Zip Code
Mount Pleasant TX 75455-5929

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: 1B56AA14C16268E3089

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jay H. Alexander, M.D., F.A.
Mailing Address 2256 Carlyle Court

City State Zip Code
Buffalo Grove IL 60089-4695

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

Name of Employer North Shore Cardiologists, SC Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: A56F954E145CA08D642

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 85
	<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 H. Alexander, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 2256 Carlyle Court	Transaction ID: 4F148089D82181EBE33D
	City State Zip Code Buffalo Grove IL 60089-4695	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
Name of Employer North Shore Cardiologists, SC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4500.00	

B.	Full Name (Last, First, Middle Initial) Rene J. Alvarez, Jr., M.D.	Date of Receipt MM / DD / YYYY 09 / 03 / 2009
	Mailing Address 425 McKean Drive	Transaction ID: 46FB99CCF8BA52BCF064
	City State Zip Code Wexford PA 15090-7327	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	
Name of Employer University of Pittsburgh Medical Centre	Occupation HEART FAILURE/TRANSPLANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 728.00	

C.	Full Name (Last, First, Middle Initial) Hiral N. Amin, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 112 Echo Valley Road	Transaction ID: 709241D6658CBD831B9
	City State Zip Code Red Hook NY 12571-2306	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	541.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 85
	<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) Costa Andreou, M.B., B.Ch		Date of Receipt MM / DD / YYYY 09 / 01 / 2009
Mailing Address 210 Keyhole Court		Transaction ID: 3A09015A0F011AB2279
City Cramerton	State NC	Zip Code 28032-1626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mid Carolina Cardiology P.A.	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Daejoon Anh, M.D.		Date of Receipt MM / DD / YYYY 09 / 01 / 2009
Mailing Address 2300 Corporate Cir Ste 100		Transaction ID: DADA0F950F8BD7DC770
City Henderson	State NV	Zip Code 89074-7725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cardiovascular Consultants of Nevada	Occupation ADULT CARDIOLOGY	A Refund for 4500 was cut on 10/13/2009.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial) Richard A. Anschuetz, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 17 / 2009
Mailing Address 3311 Princeton Way		Transaction ID: F454B257CF12DC4163D
City Anchorage	State AK	Zip Code 99508-4440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alaska Heart Institute LLC	Occupation INTERVENTIONAL 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)	500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 9 / 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Azam Anwar, M.D., F.A.
Mailing Address 100 Highland Park Village #200
City Dallas State TX Zip Code 75205-2720
FEC ID number of contributing federal political committee. **C**
Name of Employer Heart Place Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 09 / 01 / 2009
Transaction ID: 4617BF524F3BC1D3CCF
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Joaquin G. Arciniegas, M.D., F.A.
Mailing Address 4208 Old Leeds Lane
City Birmingham State AL Zip Code 35213-3314
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 09 / 01 / 2009
Transaction ID: 7C3BFC4AE0DA82A44BF
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Elie C. Azrak, M.D., F.A.
Mailing Address 1016 Brightfield Manor Court Suite 2346
City Chesterfield State MO Zip Code 63017-2485
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 09 / 17 / 2009
Transaction ID: E9A60FDB14AA3471B9E
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 85
	<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) Sandeep Bajaj, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 483 N Semoran Boulevard Suite 102	Transaction ID: 2FC408F1BFE6960A327
	City State Zip Code Winter Park FL 32792-3800	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Florida Cardiology, P.A.	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) Timothy M. Bateman, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 29 / 2009
	Mailing Address 3410 West 89th Street	Transaction ID: 42719F4300757B0A12DF
	City State Zip Code Leawood KS 66206-1629	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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) R. Allen Baum, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 9014 Highlands	Transaction ID: 4678871CEAD41A5A126
	City State Zip Code Boerne TX 78006-4843	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 85
	<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)
Seth J. Baum, M.D., F.A.

Mailing Address 6401 East Rogers Circle S 4

City State Zip Code
Boca Raton FL 33487

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

Name of Employer Self-Employed
Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: AB24B3CF900DD199043

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Lou-Anne Beauregard, M.D., F.A.

Mailing Address 100 Craig Rd Fl 2

City State Zip Code
Manalapan NJ 07726-8787

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

Name of Employer Heart Specialists Central Jersey
Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: 7E200FE93D64047E06E

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 7433 Silver Palm Avenue

City State Zip Code
Las Vegas NV 89117-1443

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

Name of Employer Self-Employed
Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2009

Transaction ID: 700EABD280A0F92B31C

Amount of Each Receipt this Period
365.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 85
	<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) Lawrence Blacher, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 13331 Southwest 79th Avenue	Transaction ID: 9D6B099E58C3275CD07
	City State Zip Code Miami FL 33156-6708	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Miami Cardiology Group	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Daniel G. Blanchard, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 3612 Princeton Avenue	Transaction ID: D0226BE498C51FE9A15
	City State Zip Code San Diego CA 92117-5637	Amount of Each Receipt this Period 340.00
	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 ▼ 590.00	

C.	Full Name (Last, First, Middle Initial) Miguel L. Blanco, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 45 Hawthorne Road	Transaction ID: 4DB3D76FF055135DE4F
	City State Zip Code Southampton NY 11968-4209	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Eastern Suffolk Card., P.-C.	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1590.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 85
	<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) Alfred A. Bove, M.D., Ph.D.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 110 Anton Road 3401 N Broad Street	Transaction ID: EAE453AEF416F3BDACA
	City Wynnewood State PA Zip Code 19096-1226	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Temple University Hospital Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00	

B.	Full Name (Last, First, Middle Initial) John K. Boyer, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 1614 Glenbrook Court	Transaction ID: EBEF4EDBD6825ED01B1
	City Columbia State MO Zip Code 65203-5345	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Missouri Heart Center Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Anthony W. Bracken, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 425 E Worthington Avenue	Transaction ID: 8A5E40C3C35A0E75A26
	City Charlotte State NC Zip Code 28203-5343	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Sanger Clinic, PA Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

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

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

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

FOR LINE NUMBER: PAGE 14 / 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Jefferson Hospital Medical Buildin
PO Box 18285 Coal Valley Road

City Pittsburgh State PA Zip Code 15236-0285

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

Name of Employer Jefferson Card. Assoc. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 01 / 2009
Transaction ID: FE5A3E3115FBD403099
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Stacy D. Brewington, M.D., F.A.

Mailing Address 2085 Buffalo Valley Road

City Cookeville State TN Zip Code 38501-6626

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

Name of Employer Tennessee Heart PLLC Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2009
Transaction ID: F523B53CFD88F56AD63
Amount of Each Receipt this Period 500.00

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

Mailing Address 1410 Monterey Blvd

City San Francisco State CA Zip Code 94127-2554

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

Name of Employer Oakland Kaiser Medical Center Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 03 / 2009
Transaction ID: 44278ED9CBE262AB2908
Amount of Each Receipt this Period 100.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 85
(check only one)

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

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

A.

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

Mailing Address 1912 Alta Vista Court
801 S Washington Street

City Naperville State IL Zip Code 60563

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2009
Transaction ID: 478AA3B02AC332E226C4

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Joseph G. Cacchione, M.D., F.A.

Mailing Address 5740 Hickory Knoll Court

City Fairview State PA Zip Code 16415-3246

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

Name of Employer St. Vincent Health Center Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 09 / 13 / 2009
Transaction ID: 4152A8F9126A7DE5240E

Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
Charles R. Caldwell, Jr., M.D.,

Mailing Address 59 Chenal Circle
Suite 212

City Little Rock State AR Zip Code 72223-9567

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

Name of Employer Central Arkansas Cardiology Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2009
Transaction ID: 35E35C06F84E084C279

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1225.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 85
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Joseph R. Califano, M.D., F.A.
Mailing Address 56 Banyan Road

City State Zip Code
Naples FL 34108-2609

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: 560B320BFABAE395C43

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John Canto, M.D., F.A.
Mailing Address 3138 Legends Cir

City State Zip Code
Lakeland FL 33803-5432

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

Name of Employer Watson Clinic, L.L.P. Occupation
ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
09 / 02 / 2009

Transaction ID: 2F79CD15F75C07A930B

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Robert Capodilupo, M.D., F.A.
Mailing Address 100 McGregor St

City State Zip Code
Manchester NH 03102-3730

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

Name of Employer New England Heart Institute Occupation
ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: BD79A0056EBE711E329

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Cardiovascular Consultants of Nevada, LLP

Mailing Address 2300 Corporate Cir Ste 100

City Henderson State NV Zip Code 89074-7725

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 9500.00

Date of Receipt 09 / 01 / 2009
Transaction ID: 4EB121D9D0CCB0E80FD
 Amount of Each Receipt this Period 9500.00
 A Refund for 4500 was cut on 10/13/2009.

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

Mailing Address 1819 Breamar Drive

City Fort Wayne State IN Zip Code 46814-9364

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

Name of Employer Fort Wayne Cardiology Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2009
Transaction ID: 489AB3EACC104493EC19
 Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Shaheen N. Chowdhry, M.B.B.S.,

Mailing Address 2300 Corporate Cir Ste 100

City Henderson State NV Zip Code 89074-7725

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

Name of Employer Heart Center of Nevada Occupation INVASIVE CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 01 / 2009
Transaction ID: 6FCE6AB7C08B4CA50BC
 Amount of Each Receipt this Period 1000.00
 A Refund for 4500 was cut on 10/13/2009.
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 9600.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Benjamin Citrin, M.D., F.A.
 Mailing Address 6701 Airport Blvd
Ste C139
 City State Zip Code
Mobile AL 36608-3784
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2009
Transaction ID: 7F41EA588F4A6E397AE
 Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Bernard A. Clark, III, M.D.,
 Mailing Address 95 Johnny Cake Lane
 City State Zip Code
Glastonbury CT 06033-2545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
St. Francis Hospital and Medical Centre ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2009
Transaction ID: DB9A432230CBA69AB49
 Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Bernard A. Clark, III, M.D.,
 Mailing Address 114 Woodland Street
 City State Zip Code
Hartford CT 06105-1208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
St. Francis Hospital and Medical Centre ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2009
Transaction ID: 4F319CB0E8045DE5D2E5
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 550.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 85
(check only one)

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

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

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

Mailing Address 4014 88th Avenue Northwest

City State Zip Code
Gig Harbor WA 98335-6157

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

Name of Employer Occupation
Washington Chapter of the ACC Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2009

Transaction ID: 4DA49F65249A9C899819

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
Jorge L. P. Constantino, M.D., F.A.

Mailing Address 45 Voyage Drive

City State Zip Code
Glenmont NY 12077-3515

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: 1DC4D429DA22945C6B3

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Herbert Cordero, M.D., F.A.

Mailing Address 2300 Corporate Cir Ste 100

City State Zip Code
Henderson NV 89074-7725

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

Name of Employer Occupation
Cardiovascular Consultants of Nevada ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: 579D309D26DC8DCC4FE

Amount of Each Receipt this Period
1000.00

A Refund for 4500 was cut on 10/13/2009.

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **335.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 85
(check only one)

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

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

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

Mailing Address 2001 Fairview Avenue

City Easton State PA Zip Code 18042-3915

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

Name of Employer Easton Cardiovascular Associates, P.C. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2009

Transaction ID: B16A37A20C3CDCDFE67

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Francis N. Crespo, M.D., F.A.

Mailing Address 7923 Northwest 158th Terrace

City Hialeah State FL Zip Code 33016-7112

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2009

Transaction ID: 6A7D2A0D31BE13CCEA7

Amount of Each Receipt this Period 250.00

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

Mailing Address 2300 Corporate Cir Ste 100

City Henderson State NV Zip Code 89074-7725

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

Name of Employer Cardiovascular Consultants of Nevada Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 01 / 2009

Transaction ID: 58554E10C2F9F019710

Amount of Each Receipt this Period 1000.00

A Refund for 4500 was cut on 10/13/2009.

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 85
(check only one)

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

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

A.

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

Mailing Address 276 Stratton Court

City State Zip Code
Brentwood TN 37027-4228

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

Name of Employer St. Thomas Heart Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3002.00

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

Transaction ID: 4239886F8327863C94D5

Amount of Each Receipt this Period
167.00

B.

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

Mailing Address 276 Stratton Court

City State Zip Code
Brentwood TN 37027-4228

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

Name of Employer St. Thomas Heart Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3002.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 840333353B0EE9E6AA1

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 910 Williston Park Point Suite 100

City State Zip Code
Lake Mary FL 32746-2163

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

Name of Employer Sanford Cardiology Associates, P.A. Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 2B247AA0AC8CE34296B

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2167.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 85
	<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) Augustin J. Delago, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 17 / 2009		
	Mailing Address 2231 Burdett Avenue		Transaction ID: 9F58FA0EE14DE5A3E26		
	City Troy	State NY	Zip Code 12180-2447	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Albany Medical Ctr	Occupation INTERVENTIONAL CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Yuri A. Deychak, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 17 / 2009		
	Mailing Address 10 Floral Park Court		Transaction ID: 50AB070615C3B67B82E		
	City Gaithersburg	State MD	Zip Code 20878-4846	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Maryland Heart, P.C.	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00			

C.	Full Name (Last, First, Middle Initial) Marco N. Diaz, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 17 / 2009		
	Mailing Address 20 Cross Hill Road		Transaction ID: 1DDEAE60F9A34361FBF		
	City Cape Elizabeth	State ME	Zip Code 04107-5115	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

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

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

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

FOR LINE NUMBER: PAGE 23 / 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James A. Diggs, M.D., F.A.
Mailing Address 75 S Street Northwest

City State Zip Code
Washington DC 20001-1127

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 480EAC13583AC8BE32F3

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Thomas Doyle, M.D., F.A.
Mailing Address 7700 SW Indian Woods PI

City State Zip Code
Topeka KS 66615-1420

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 8C4735DA5C6347E6222

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Thomas Dzwonczyk, M.D., F.A.
Mailing Address 746 Jefferson Avenue Suite 305

City State Zip Code
Scranton PA 18510-1639

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: E0D11AD4F2A1B91B2C9

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 85
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Arthur Lee Eberly, III, M.D.,
Mailing Address PO Box 8795

City Greenville State SC Zip Code 29604-8795

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

Name of Employer Carolina Cardiology Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: 9D1ABDD257CE4F156F4
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
John Edmunds, M.D., F.A.
Mailing Address 4002 Westmount Dr

City Greensboro State NC Zip Code 27410-2163

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

Name of Employer Eagle Physicians, P.A. Wendenover Medical Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 02 / 2009
Transaction ID: 8A54B16916B466422A8
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
N. Rock Ereksen
Mailing Address 12855 North Forty Drive Suite 300

City Saint Louis State MO Zip Code 63141-8666

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

Name of Employer Metro Heart Group Inc. Occupation ADMINISTRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: 5CA53BDD4BCC83B1F42
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Chester Falterman, M.D., F.A.

Mailing Address 503 East Bell Street Suite 103

City State Zip Code
Murfreesboro TN 37130-3052

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) ▼ 249.99

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2009

Transaction ID: 481FA902CE4F81526874

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

James W. Fasules, M.D., F.A.

Mailing Address 6 Cascades Drive
1900 Maryland

City State Zip Code
Little Rock AR 72212-3306

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

Name of Employer Occupation
Arkansas Children's Hospital Pediatric PEDIATRIC CARD.

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 546.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 06 / 2009

Transaction ID: 4B049CB2F0F9434FB7C6

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Louis I. Fink, M.D., F.A.

Mailing Address 16 Chardonnay Terrace

City State Zip Code
Bedford NH 03110-5220

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

Name of Employer Occupation
New England Heart Institute 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
09 / 17 / 2009

Transaction ID: CDEE20524CB9E3052C1

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

667.33

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Kevin Fitzpatrick		Date of Receipt MM / DD / YYYY 09 / 20 / 2009		
	Mailing Address 1441 Windrow Lane		Transaction ID: 4A83905F2A1D0DF9F404		
	City Yardley	State PA	Zip Code 19067	Amount of Each Receipt this Period 85.00	
	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 ▼ 680.00			

B.	Full Name (Last, First, Middle Initial) Kathleen B. Flood		Date of Receipt MM / DD / YYYY 09 / 29 / 2009		
	Mailing Address 9111 Old Georgetown Road		Transaction ID: 48388AF42A4E9A8333EF		
	City Bethesda	State MD	Zip Code 20814-1616	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American College of Cardiology		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Simon Flynn		Date of Receipt MM / DD / YYYY 09 / 17 / 2009		
	Mailing Address Flynn Management Associates 100 Roscommon Drive Suite 320		Transaction ID: 3EA29B4D97A192F8916		
	City Middletown	State CT	Zip Code 06457	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Connecticut Chapter of the American Col		Occupation Executive		
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)	▶	435.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 27 / 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Perry A. Frankel, M.D., F.A.
Mailing Address 6 Fairway Road

City Roslyn State NY Zip Code 11576-1011

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 17 / 2009
Transaction ID: 36B3648587A14C444B0
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Perry A. Frankel, M.D., F.A.
Mailing Address 6 Fairway Road

City Roslyn State NY Zip Code 11576-1011

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 19 / 2009
Transaction ID: 43808282C1EF77561986
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Ned D. Freeman, M.D., F.A.
Mailing Address 113 Coventry Road

City Greenville State SC Zip Code 29615-3203

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

Name of Employer Upstate Cardiology, P.A. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 14 / 2009
Transaction ID: 2A07E97E-00D1-4ECC-
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 85
	<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) Stefanie J. Fry, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 300 East Jefferson	Transaction ID: E1820D769EE9715D676
	City State Zip Code Boise ID 83712-6246	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Derek A. Fyfe, M.D., Ph.D.	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 2375 Massey Lane	Transaction ID: 1150F2F16C62C29A54A
	City State Zip Code Decatur GA 30033-1210	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Sibley Hert Center Cardio-logy 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) Arthur Garson, Jr., M.D.,	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address PO Box 400226 University of Virginia	Transaction ID: C4B7816B92940A1182E
	City State Zip Code Charlottesville VA 22904-4226	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Virginia Occupation PEDIATRIC CARD.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 85
	<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) Cathy Gates	Date of Receipt MM / DD / YYYY 09 / 09 / 2009
	Mailing Address 17500 Ashton Forest Terrace	Transaction ID: 48389FF880E999598876
	City State Zip Code Sandy Spring MD 20860-3009	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer American College of Cardiology Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.04	

B.	Full Name (Last, First, Middle Initial) David W. Gibson, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 325 Chalford Court	Transaction ID: 3C51BAE299C239B1F46
	City State Zip Code Franklin TN 37069-4003	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Saint Thomas Heart 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) P. Joseph Giles, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 2218 Amberwood Drive	Transaction ID: 4D202EB88FA2AEDDE43
	City State Zip Code Vidalia GA 30474	Amount of Each Receipt this Period 500.00
	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 500.00	

SUBTOTAL of Receipts This Page (optional)	833.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 85
(check only one)

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

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

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

Mailing Address 100 Prospect Street
450 Veterans' Memorial Parkway

City Providence State RI Zip Code 02906

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 09 / 17 / 2009
Transaction ID: 318345B4D6844F2FD42
Amount of Each Receipt this Period 1000.00

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

Mailing Address 444 Loucroft Road

City Haddonfield State NJ Zip Code 08033-4007

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2009
Transaction ID: DC71D47D1AFE3E94CB2
Amount of Each Receipt this Period 250.00

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

Mailing Address 1037 Stradshire Drive

City Raleigh State NC Zip Code 27614-8365

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 01 / 2009
Transaction ID: 76D08EB49B762DF6E8D
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 85
(check only one)

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

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

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

City Potomac State MD Zip Code 20854-6234

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 19 / 2009
Transaction ID: 4098871A043E84B8956B
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Steven M. Goldberg, M.D., F.A.
Mailing Address 31 Cabriole Lane

City Melville State NY Zip Code 11747-1920

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2009
Transaction ID: 5155F816B1E3A1C76D5
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Steven B. Goldblatt, M.D., F.A.
Mailing Address 100 Retreat Avenue, Suite 403

City Hartford State CT Zip Code 06106-2528

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2009
Transaction ID: 0579F0B28BAAACC26E1
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **520.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 85
(check only one)

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

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

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

Mailing Address 3865 Country Club Drive

City Lewiston State ID Zip Code 83501-9622

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 30 / 2009

Transaction ID: 46B0AD4E033039041F0F

Amount of Each Receipt this Period 84.00

B. Full Name (Last, First, Middle Initial)
Harold L. Greenberg, M.D.

Mailing Address 280 Springside Road

City Longwood State FL Zip Code 32779-4985

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2009

Transaction ID: CE4A11C2A0A199DF968

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Craig Greene, M.D., F.A.

Mailing Address 17407 Summer Place Drive

City Cornelius State NC Zip Code 28031-7746

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

Name of Employer Self-Employed Occupation PEDIATRIC CARD.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2009

Transaction ID: 56CD9A9CB04CF761F90

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **584.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 85
	<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)
G. Stephen Greer, M.D., F.A.

Mailing Address 9501 Lile Drive Suite 600

City State Zip Code
Little Rock AR 72205-6231

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

Name of Employer Occupation
Arkansas Cardiology, P.A. ELECTROPHYSIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: 0A944EEDFEAC6D976F4

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Sudhir K. Gupta, M.B.B.S.,

Mailing Address 4 Jarrot Drive

City State Zip Code
Shawnee OK 74801-7565

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 Y
09 / 01 / 2009

Transaction ID: 5474DC761F63F09072D

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Melanie T. Gura, RN, MSN, C

Mailing Address 5521 Towbridge Drive

City State Zip Code
Hudson OH 44236-2631

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

Name of Employer Occupation
Northeast Ohio Cardiovascular Speciali ELECTROPHYSIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: DB1E1F0B8F8F12F5C84

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 85
	<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) Shelley A. Hall, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 5514 Yolanda Lane	Transaction ID: 8C08CF15C32DCBA5CCC
	City State Zip Code Dallas TX 75229-6440	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Heart Place	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Steven C. Hao, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 24 / 2009
	Mailing Address 2 Bon Air Road Suite 100	Transaction ID: B83E38A707AF64BB96A
	City State Zip Code Larkspur CA 94939-1144	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Marin General Hospital	Occupation ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Jerome L. Hines, M.D., Ph.D	Date of Receipt MM / DD / YYYY 09 / 09 / 2009
	Mailing Address 11 Salt Creek Lane #2	Transaction ID: 4EC7989DFF78F1EC9F6B
	City State Zip Code Hinsdale IL 60521-3032	Amount of Each Receipt this Period 100.00
	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 ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 85
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Zachary I. Hodes, M.D., Ph.D

Mailing Address 637 Bryn Mawr Drive

City Indianapolis State IN Zip Code 46260-4735

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

Name of Employer The Care Group, L.L.C. Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 17 / 2009

Transaction ID: 32A53E9914B9851548C

Amount of Each Receipt this Period 216.00

B.

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

Mailing Address One Northeast Drive

City Bangor State ME Zip Code 04401-4332

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

Name of Employer Northeast Cardiology Associates Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2009

Transaction ID: 8283528D5936F4EEAD8

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Kenneth Christopher Huber, M.D.

Mailing Address 4330 Wornall Road, Suite 2000

City Kansas City State MO Zip Code 64111-5939

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

Name of Employer Cardiovascular Consults., Inc. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2009

Transaction ID: F2253EE675C91298CC0

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1466.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Bradley R. Hughes, M.D.
Mailing Address 102 Cornerstone Lane
City State Zip Code
Searcy AR 72143-8496
FEC ID number of contributing federal political committee. **C**
Name of Employer Heart Clinic Arkansas Occupation INTERVENTIONAL CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt MM / DD / YYYY
09 / 01 / 2009
Transaction ID: F4176A915F9D931D4D4
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Juan M. Igartua Ponton, M.D., F.A.
Mailing Address Inst. San Pablo, Suite 401
City State Zip Code
Bayamon Se 00961
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 ▼ 756.00
Date of Receipt MM / DD / YYYY
09 / 17 / 2009
Transaction ID: EB59F88635230C7CA48
Amount of Each Receipt this Period 84.00

C. Full Name (Last, First, Middle Initial)
Dipti Itchhaporia, M.D., F.A.
Mailing Address P.O. Box 3583
City State Zip Code
Newport Beach CA 92659
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 ▼ 2000.00
Date of Receipt MM / DD / YYYY
09 / 05 / 2009
Transaction ID: 0D8DDEDDB-2C70-4212-
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1334.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 85
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

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

Mailing Address 11055 Little Patuxent Parkway Suit

City Columbia State MD Zip Code 21044-2898

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 01 / 2009

Transaction ID: CF7E99904C3E94AFE00

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 1530 Needmore Rd

City Dayton State OH Zip Code 45414-3969

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

Name of Employer Dayton Heart Center, Inc. Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

Date of Receipt 09 / 11 / 2009

Transaction ID: 4D1D9381A11DFF423807

Amount of Each Receipt this Period 30.00

C.

Full Name (Last, First, Middle Initial)
Christine Jones, M.D.

Mailing Address 3813 Seminary Avenue

City Richmond State VA Zip Code 23227-4111

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

Name of Employer Virginia Commonwealth University Cardio Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2009

Transaction ID: 5B46FC1DCDC1C5E2508

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **780.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 85		
	<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

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

A.

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

Mailing Address 25 Dove Run

City Pinehurst State NC Zip Code 28374-9657

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2009

Transaction ID: 92A28A9BFCEC3164ACE

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 7619 Victory Gallup Street

City Las Vegas State NV Zip Code 89131-4125

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

Name of Employer Nevada Heart & Vascular Center Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 09 / 20 / 2009

Transaction ID: 481997AE26D54DDDB0B8

Amount of Each Receipt this Period 84.00

C.

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

Mailing Address 816 River Street

City Iowa City State IA Zip Code 52246-2437

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

Name of Employer University of Iowa Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2009

Transaction ID: D999DC17A55F3DDEECAB

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 584.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 85
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jae S. Kim, M.D., F.A.

Mailing Address 5840 West Colonial Drive, Suite 1

City State Zip Code
Orlando FL 32808-7558

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

Name of Employer Self-Employed
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: 71B3D8C0ACAE5CC783E

Amount of Each Receipt this Period
250.00

B.

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

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

City State Zip Code
New York NY 10022-6402

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

Name of Employer Cornell Medical Center
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.34

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 479EA0034688260CC549

Amount of Each Receipt this Period
42.00

C.

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

Mailing Address 7886 Lantana Creek Road

City State Zip Code
Largo FL 33777-3043

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

Name of Employer Bay Area Heart Center
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 81D6F31D5EEAB2008AD

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1292.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 85
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Niuton S. Koide, M.D., F.A.

Mailing Address 2300 Corporate Cir Ste 100

City Henderson State NV Zip Code 89074-7725

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

Name of Employer Cardiovascular Consultants of Nevada Occupation ELECTROPHYSIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 01 / 2009

Transaction ID: 1CD8D2C4C353B65A54C

Amount of Each Receipt this Period 1000.00

A Refund for 4500 was cut on 10/13/2009.

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Soe-Ni Nicholas Kong, M.D., F.A.

Mailing Address 3002 Lombar Drive

City Wichita Falls State TX Zip Code 76309-4722

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

Name of Employer Clinics of North Texas Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2009

Transaction ID: 8AE501FD5DA767B6E2F

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Jay Koons, M.D., Ph.D

Mailing Address 3925 NW 151st Way

City Newberry State FL Zip Code 32669-2008

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 02 / 2009

Transaction ID: 33FCE964B4CF9D35240

Amount of Each Receipt this Period 800.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 85
	<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) Ada Koransky, M.D., F.A.		Date of Receipt	
	Mailing Address 2505 Samaritan Dr Ste 404		M M / D D / Y Y Y Y 09 / 02 / 2009	
	City	State	Zip Code	Transaction ID: 1B0AD0816014537F292
	San Jose	CA	95124-4012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self-Employed		Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Ajay Labroo, M.D., F.A.		Date of Receipt	
	Mailing Address 1618 Whitetail Drive		M M / D D / Y Y Y Y 09 / 17 / 2009	
	City	State	Zip Code	Transaction ID: B8F8D2B8771B4016698
	Port Byron	IL	61275-9488	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
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 ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Phillip L. Laney, M.D., F.A.		Date of Receipt	
	Mailing Address 5012 Littlebury Road		M M / D D / Y Y Y Y 09 / 17 / 2009	
	City	State	Zip Code	Transaction ID: 148BC70833916E1AAC0
	Huntsville	AL	35802-1825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer The Heart Center, PC		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 85
	<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) Roger F. Leonard, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 03 / 2009		
	Mailing Address 11706 Split Tree Circle		Transaction ID: 4F9CBCBB550D0701CA2D		
	City Potomac	State MD	Zip Code 20854-2880	Amount of Each Receipt this Period 91.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Montgomery General Hospital	Occupation ADMINISTRATION	Aggregate Year-to-Date 728.00		

B.	Full Name (Last, First, Middle Initial) Jack Lewin, M.D., C.E.		Date of Receipt MM / DD / YYYY 09 / 17 / 2009		
	Mailing Address 2400 N Street, Northwest		Transaction ID: E3FDB8A52FE79285560		
	City Washington	State DC	Zip Code 20037-1153	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American College of Cardiology	Occupation ADMINISTRATION	Aggregate Year-to-Date 1051.00		

C.	Full Name (Last, First, Middle Initial) Sandra J. Lewis, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 09 / 2009		
	Mailing Address 5342 Southwest Hewett Boulevard		Transaction ID: 4DB0BF06C6DD9A436367		
	City Portland	State OR	Zip Code 97221-2254	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NW Cardiovascular Institute	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	Aggregate Year-to-Date 500.04		

SUBTOTAL of Receipts This Page (optional)	224.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 85
(check only one)

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

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

A.

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

Mailing Address 6510 South Hazelton Lane, Unit 140
803 N Salk Dr. Building A

City State Zip Code
Tempe AZ 85283

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 ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: 9874ACF2EFD02F755BC

Amount of Each Receipt this Period
350.00

B.

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

Mailing Address 5949 Crestwood Circle
1530 3rd Avenue South

City State Zip Code
Birmingham AL 35212

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

Name of Employer The University of Alabama at Birmingham 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
09 / 01 / 2009

Transaction ID: 79D3B37200CB9AA913B

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Timothy David Logan, D.O.

Mailing Address 21608 Englehardt Street

City State Zip Code
Saint Clair Shores MI 48080-2928

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

Name of Employer Mount Clemens General Hospital Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2009

Transaction ID: A08C4D4746EB9300B79

Amount of Each Receipt this Period
250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 85
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Fernando Lopez, M.D., F.A.

Mailing Address 131 E Kings Highway, Casa Alegre

City San Antonio State TX Zip Code 78212-2961

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

Name of Employer Alamo Heart Associates Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt 09 / 28 / 2009
Transaction ID: 487A842D047829EED521

Amount of Each Receipt this Period 41.66

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

Mailing Address 3014 Hollow Road

City Malvern State PA Zip Code 19355-8660

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

Name of Employer Clinical Care Associates/ PMA Medical Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 01 / 2009
Transaction ID: EA604BDA3A1D19320A0

Amount of Each Receipt this Period 250.00

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

Mailing Address 4330 Wornall Road Suite 2000

City Kansas City State MO Zip Code 64111-5939

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

Name of Employer Cardiovascular Consultants Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2009
Transaction ID: 2D343E55390691F15E8

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1291.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 85
(check only one)

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

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

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

Mailing Address 49 Fairhaven Road

City State Zip Code
Rochester NY 14610-2229

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

Name of Employer: Strong Memorial HospitalC-ardiology Dep
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: A1C56FB68D66851B2C4
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Ramin Manshadi, M.D., F.A.

Mailing Address 2633 Pacific Ave

City State Zip Code
Stockton CA 95204-4429

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: 09 / 17 / 2009
Transaction ID: BDE6E18B17F09B1BD9B
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Rajiv Maraj, M.D., F.A.

Mailing Address 22355 Bennett Road

City State Zip Code
Sonora CA 95370-9081

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

Name of Employer: Sonora Regional Medical Center
Occupation: CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 09 / 01 / 2009
Transaction ID: 342F7CDF9142B780ACA
Amount of Each Receipt this Period: 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 85
	<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) Bradley B. McElroy, M.D., F.A.		Date of Receipt
	Mailing Address PO Box 7648		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Paducah	KY	42002-7648
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation INTERNAL MED.	Transaction ID: BD60A9285A19B31322C Amount of Each Receipt this Period <input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Donald B. McElroy, M.D., F.A.		Date of Receipt
	Mailing Address 1020 West Bennett Court		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Dunlap	IL	61525-9353
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY	Transaction ID: 9A8BC48C7FA93D606AC Amount of Each Receipt this Period <input type="text" value="350.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	

C.	Full Name (Last, First, Middle Initial) Thomas Francis McGarry, Jr., M.D.,		Date of Receipt
	Mailing Address 820 Fox Lake Lane		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Edmond	OK	73034-7357
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Oklahoma Cardiovascular Associates		Occupation INTERVENTIONAL CARDIOLOGY	Transaction ID: C19EFED88BEBF0AEF4E Amount of Each Receipt this Period <input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 85
	<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) Matthew J. Mick, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 705 Whisper Woods Drive	Transaction ID: AD35EE92AE10B128809
	City State Zip Code Lakeland FL 33813-5649	Amount of Each Receipt this Period 1050.00
	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 ▼ 1050.00	

B.	Full Name (Last, First, Middle Initial) Joseph I. Miller, M.D.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 1021 Clifton Road Northeast	Transaction ID: 0BB11FFD5A5C0D570CB
	City State Zip Code Atlanta GA 30307-1227	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Michael S. Miller, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 3602 Meadowridge	Transaction ID: 965304D841100BD5EF5
	City State Zip Code Midland TX 79707-4543	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Permian 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)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 85
	<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) Margo B. Minissian, ACNP-BC, M	Date of Receipt MM / DD / YYYY 09 / 15 / 2009
	Mailing Address 444 S San Vicente Boulevard Suite	Transaction ID: 48AFA80937EAEDF65B69
	City State Zip Code Los Angeles CA 90048-4174	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cedars Sinai Womens Heart Center	Occupation PREVENTIVE CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

B.	Full Name (Last, First, Middle Initial) Michael J. Mirro, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 2005 Prestwick Lane	Transaction ID: 4141956D894D14C2B639
	City State Zip Code Fort Wayne IN 46814-9317	Amount of Each Receipt this Period 100.00
	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 ▼ 900.00	

C.	Full Name (Last, First, Middle Initial) Douglas C. Morris, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 1853 Breckenridge Drive 1365A Clifton Rd., Northeast	Transaction ID: 2D93898148D53BCC284
	City State Zip Code Atlanta GA 30345-4050	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Emory Heart Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	434.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David J. Morton, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 17 / 2009		
	Mailing Address 6931 Birdie Lane		Transaction ID: 9A5F6899CE1DA402690		
	City Saint Louis	State MO	Zip Code 63129-5407	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Heart Care Group		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) Norbert Moskovits, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 01 / 2009		
	Mailing Address 30 Margaret Ave		Transaction ID: 8DBC658DB146DA5496B		
	City Lawrence	State NY	Zip Code 11559-1826	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			

C.	Full Name (Last, First, Middle Initial) Navin C. Nanda, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 01 / 2009		
	Mailing Address 4240 Kennesaw Drive 619 S 19th Street		Transaction ID: BB0A7F2931EBBE1E94E		
	City Birmingham	State AL	Zip Code 35213-3310	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University 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			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 85
	<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) Dhiraj D. Narula, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 2300 Corporate Cir Ste 100	Transaction ID: B4F3E280723F8F9FACC
	City State Zip Code Henderson NV 89074-7725	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	A Refund for 4500 was cut on 10/13/2009.
Name of Employer Cardiovascular Consultants of NV	Occupation ELECTROPHYSIOLOGY	[MEMO ITEM]
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) Lawrence G. Narun, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 9 Atwater Road	Transaction ID: 586869A31A154189F75
	City State Zip Code Chadds Ford PA 19317-9111	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) John A. Nash, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 516 Overhill Drive	Transaction ID: 4FD085986F040D24E02
	City State Zip Code Saint Louis MO 63130-4149	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St. John's Mercy Heart and Vascular	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 85
(check only one)

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

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

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

Mailing Address 2300 Corporate Cir Ste 100

City Henderson State NV Zip Code 89074-7725

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

Name of Employer Cardiovascular Consultants of Nevada Occupation ELECTROPHYSIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 01 / 2009
Transaction ID: 4377CE6EA1E2C24DAD4
Amount of Each Receipt this Period 1000.00
A Refund for 4500 was cut on 10/13/2009.
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Cuong The Nguyen, M.D., F.A.

Mailing Address 2300 Corporate Cir Ste 100

City Henderson State NV Zip Code 89074-7725

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

Name of Employer Cardiovascular Consultants of Nevada Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 01 / 2009
Transaction ID: EF5B7F9701BAD1C6643
Amount of Each Receipt this Period 1000.00
A Refund for 4500 was cut on 10/13/2009.
[MEMO ITEM]

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

Mailing Address 1234 Bel Air Road

City Los Angeles State CA Zip Code 90077-3016

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 01 / 2009
Transaction ID: 24A0576ED12A899C9A3
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 85
	<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) Patrick T. O'Gara, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
Mailing Address 6 Forest Avenue 75 Francis Street	Transaction ID: A74B5E3BAA26F4AD49E
City West Newton	State MA
Zip Code 02465-2504	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	
Name of Employer Brigham & Women's 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

B.

Full Name (Last, First, Middle Initial) Feroz A. Padder, M.B.B.S.,	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
Mailing Address 5656 Shadowfall Terrace	Transaction ID: 122929ACB797728CEEA
City Columbia	State MD
Zip Code 21045-3225	Amount of Each Receipt this Period 1200.00
FEC ID number of contributing federal political committee. C	
Name of Employer Heart To Heart, LLC	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00

C.

Full Name (Last, First, Middle Initial) Donald A. Page, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
Mailing Address 55 Witcher Street Suite 350	Transaction ID: 91C1C29D27DE8101404
City Marietta	State GA
Zip Code 30060-1129	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	
Name of Employer Cardiovascular Medicine PC	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)	1950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 85
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Phil Paspas, M.D., F.A.

Mailing Address 161 Pleasant Point Dr

City State Zip Code
Hickory NC 28601-8817

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: D84D1089EE24CE1C5B3

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Gaetano N. Pastore, M.D., F.A.

Mailing Address 1 Centurian Drive Suite 200

City State Zip Code
Newark DE 19713-2150

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 612001651E4CB3E2EC9

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Kathleen A. Paveglio, M.D., F.A.

Mailing Address 3230 Waring Court, Suite 0

City State Zip Code
Oceanside CA 92056-4509

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 5C6D73AB6A3F7D61788

Amount of Each Receipt this Period
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 85
	<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) Mark Peterman, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 02 / 2009
	Mailing Address 6124 W Parker Rd Ste 432	Transaction ID: 33C0B9CFA6E79D500EF
	City State Zip Code Plano TX 75093-8124	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Heart Place Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Ross C. Peterson, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 11 / 2009
	Mailing Address 4205 Woodbrook Landing	Transaction ID: 49FF9DF7DC0AD9652063
	City State Zip Code Erie PA 16506-7017	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Consultants in Cardiovascular Diseases Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 728.00	

C.	Full Name (Last, First, Middle Initial) Joel M. Phares, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 820 Egret Cove	Transaction ID: 436B1E44E542848A839
	City State Zip Code Biloxi MS 39532-4651	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation INVASIVE CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	706.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 85
	<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) Ronald P. Pigeon, M.D., Ph.D		Date of Receipt MM / DD / YYYY 09 / 01 / 2009		
	Mailing Address 19 Cornell Street		Transaction ID: 4D98105BEEC110C9E1C		
	City Roslindale	State MA	Zip Code 02131-4525	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Sturdy 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					

B.	Full Name (Last, First, Middle Initial) George A. Ponce, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 02 / 2009		
	Mailing Address 1947 Centuty Avenue		Transaction ID: D2A1D185D238B4330A3		
	City Riverside	State CA	Zip Code 92506-4662	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Cardiovascular Consultants of the Inla		
Occupation ADULT CARDIOLOGY		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 365.00					

C.	Full Name (Last, First, Middle Initial) Vidya Ponnathpur, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 01 / 2009		
	Mailing Address 239 E Brown Street		Transaction ID: 23D968F8D5EF491A5F1		
	City East Stroudsburg	State PA	Zip Code 18301-3005	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Medical Associates of Monroe County		
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)	865.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James B. Powers, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 24 / 2009
	Mailing Address 11 Bowdoin Drive	Transaction ID: 4972120C2808030E311
	City State Zip Code Falmouth ME 04105-2557	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Maine Cardiology Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

B.	Full Name (Last, First, Middle Initial) Steven Priest, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 13 / 2009
	Mailing Address 3222 W Riverside Dr	Transaction ID: 461F81E28C8A529A3323
	City State Zip Code Fort Myers FL 33901-6734	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Florida Heart Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 546.00	

C.	Full Name (Last, First, Middle Initial) Peter S. Rahko, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 3410 Noll Valley Circle 600 Highland Avenue	Transaction ID: 12F1497E6691BAE2D83
	City State Zip Code Verona WI 53593-8720	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer University of Wisconsin	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)	1591.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 85
	<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) raj rajan, M.B.B.S.,	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 2010 59th St W Ste 4200	Transaction ID: C3C1F9B5E0B9F497A9C
	City State Zip Code Bradenton FL 34209-4687	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Heart & Vascular Center Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) James C. Ramicone, D.O., F.A.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 6525 Powers Boulevard Suite 301	Transaction ID: 2FB6F2C8951789F0C1E
	City State Zip Code Parma OH 44129-5461	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Cardiovasculat Clinic Occupation ELECTROPHYSIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Karel Raska, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 182 South Street Suite 5	Transaction ID: 1D63C71905A39350E1D
	City State Zip Code Morristown NJ 07960-5350	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Morristown Card. Assocs., PA Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 85
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Sanjeev Dhari Ravipudi, M.D.
Mailing Address 2317 Deer Creek Court

City State Zip Code
Columbia MO 65201-3564

FEC ID number of contributing federal political committee. C

Name of Employer Missouri Cardiovascular Specialists
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 01 / 2009
Transaction ID: B3995EDC63BF9D37C33

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Ragoor K. Reddy, M.D., F.A.
Mailing Address 1115 Lowry Avenue

City State Zip Code
Jeannette PA 15644-3000

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 17 / 2009
Transaction ID: C6E2A326B7A0F521B7A

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Michael Rihner, M.D., F.A.
Mailing Address 6701 Airport Blvd Ste C139

City State Zip Code
Mobile AL 36608-3784

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 17 / 2009
Transaction ID: 6E8B476411771D23580

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 85

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) George P. Rodgers, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 16 / 2009		
	Mailing Address 2441 Westlake Drive		Transaction ID: 49458CFF6CE1B1A16EF9		
	City Austin	State TX	Zip Code 78746-2950	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Biophysical Corporation		Occupation ADULT CARDIOLOGY			
		Aggregate Year-to-Date ▼ 674.00			

B.	Full Name (Last, First, Middle Initial) Felix Rogers, D.O., F.A.		Date of Receipt MM / DD / YYYY 09 / 01 / 2009		
	Mailing Address 5400 Fort St Ste 200		Transaction ID: 15B4850EC37DECED358		
	City Trenton	State MI	Zip Code 48183-4636	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Downriver Cardiology Consultants		Occupation ADULT CARDIOLOGY			
		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Carlos A. Roman, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 17 / 2009		
	Mailing Address 45 Vineyard Drive		Transaction ID: F600AFB95D0F2052F62		
	City San Antonio	State TX	Zip Code 78257-1236	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self-Employed		Occupation ELECTROPHYSIOLOGY			
		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional) ▶

584.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 85
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Stephen H. Royal, M.D., F.A.
Mailing Address 6080 Midus Street

City State Zip Code
Hope Mills NC 28348-9785

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

Name of Employer Southeastern Cardiology, P.A. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: 09C47D76B9EE7FBB65C
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Robert M. Saad, M.D., F.A.
Mailing Address 5 Villers St. Paul

City State Zip Code
San Antonio TX 78257-1388

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: 85C2354767C8C61CA47
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Gregory C. Sampognaro, M.D., F.A.
Mailing Address 2503 Point Drive

City State Zip Code
Monroe LA 71201-2458

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

Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 01 / 2009
Transaction ID: 93CDC737F06072F53A7
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 85
(check only one)

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

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

A.

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

Mailing Address 3230 Waring Court, #0

City State Zip Code
Oceanside CA 92056-4509

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: C5C0C9349A17049E786

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 161 Ridgeland Drive

City State Zip Code
Amherst OH 44001-1727

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

Name of Employer North Ohio Heart Center Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: F66AE9198A11DDB2B87

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
John F. Schmedtje, Jr., M.D.,

Mailing Address 2619 Avenham Avenue

City State Zip Code
Roanoke VA 24014-1506

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

Name of Employer Roanoke Heart Institute Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: B06BFA706C94EC15F1F

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 85
(check only one)

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

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

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

Mailing Address 2619 Avenham Avenue

City State Zip Code
Roanoke VA 24014-1506

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

Name of Employer: Roanoke Heart Institute Occupation: ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 3C1B2C4356DD169AF41

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 3209 Turtle Lane

City State Zip Code
San Antonio TX 78230-3961

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

Name of Employer: Self-Employed Occupation: ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
09 / 17 / 2009

Transaction ID: F0399F3B16974CDD409

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 6 Hearts Way, PO Box 4860

City State Zip Code
Queensbury NY 12804-0860

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

Name of Employer: Adirondack Cardiology Assoc., PC Occupation: ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
09 / 01 / 2009

Transaction ID: 49893D23C09EAB7075D

Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 85
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
A. Allen Seals, M.D., F.A.

Mailing Address 113 Teal Pointe Lane

City State Zip Code
Ponte Vedra Beach FL 32082-1936

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

Name of Employer Occupation
Baker & Gilmour Crdvsclr ADULT CARDIOLOGY
Institute

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: F35DE20D7B5838E0EAC

Amount of Each Receipt this Period
250.00

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

Mailing Address 10012 Kennerly Road Suite 300

City State Zip Code
Saint Louis MO 63128-2197

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

Name of Employer Occupation
Metro Heart Group Inc ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: D7B22A235404AE1BD46

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Kenneth M. Shaffer, M.D., F.A.

Mailing Address 4314 Medical Parkway Suite 200

City State Zip Code
Austin TX 78756-3332

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

Name of Employer Occupation
Children's Cardiology Ass- PEDIATRIC CARD.
ociates

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

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 286FB32D8CBC6B3009F

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 85
	<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) BABAR SHAREEF, M.B.B.S.,	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 2215 Nebraska Ave Ste 2-E	Transaction ID: 39B2B5B5C75E400B0B1
	City State Zip Code Fort Pierce FL 34950-4866	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cardiology Consultants of St. Lucie Cou	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mazhar U. H. Sheikh, M.B.B.S.,	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 6284 Dunaway Court	Transaction ID: EE5066665DA43A3CE1A
	City State Zip Code Mc Lean VA 22101-2204	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Irwin M. Silverman, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 1235 Hackberry	Transaction ID: 90401DA80468613CD6E
	City State Zip Code Deerfield IL 60015-4017	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 85
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

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

Mailing Address 1135 N Kenilworth

City State Zip Code
Oak Park IL 60302-1215

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

Name of Employer Cardiovascular Consultants South Subur
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2009

Transaction ID: 44F17A728FBB13E3E3B

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Erik J. Sirulnick, M.D., F.A.

Mailing Address 2300 Corporate Cir Ste 100

City State Zip Code
Henderson NV 89074-7725

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

Name of Employer Cardiovascular Consultants of Nevada
Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: EB267600DE2181C832A

Amount of Each Receipt this Period
1000.00

A Refund for 4500 was cut on 10/13/2009.

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Monte L. Slattton, M.D., F.A.

Mailing Address #2 Cloisters

City State Zip Code
Amarillo TX 79121-1716

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

Name of Employer Amarillo Diagnostic Clinic
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: D425E969BCD6912FB05

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

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

Mailing Address 5514 Yolanda

City State Zip Code
Dallas TX 75229-6440

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

Name of Employer Heart Place Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: 08A15B20C2031D75457

Amount of Each Receipt this Period
1250.00

B.

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

Mailing Address 29 Fox Hill Drive

City State Zip Code
Tabernacle NJ 08088-9037

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

Name of Employer Memorial Hosp Burlington Count Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2009

Transaction ID: 454AF0FF5D691F0C0FF

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 10495 Bermuda Drive

City State Zip Code
Hollywood FL 33026-4632

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2009

Transaction ID: 8C6277F748C92B856C8

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 85
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Scott K. Stephenson, M.D., F.A.

Mailing Address 3908 Colgate Avenue

City State Zip Code
Dallas TX 75225-5423

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: 2342637C61ECFB46492

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Craig Stevens, M.D., F.A.

Mailing Address 3306 SW Cherry Ct

City State Zip Code
Ankeny IA 50023-3072

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

Name of Employer Iowa Health Cardiology Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: 1885DF210A0B901F027

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jon E. Stevenson, M.D., F.A.

Mailing Address 2682 West Carla Vista Drive

City State Zip Code
Chandler AZ 85224-4143

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

Name of Employer East Valley Cardiology Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 5BEB22EC427036E709E

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 85
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
George A. Stouffer, M.D., F.A.

Mailing Address Cb-7075
University of North Carolina

City Chapel Hill State NC Zip Code 27599-0001

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

Name of Employer University of North Carolina/ Division Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2009

Transaction ID: 5DCC06DD964F5830819

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 105 River Way

City Brunswick State GA Zip Code 31520-1365

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: 67ABA2FF6FC9AD00744

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Larry A. Stroud, M.D., F.A.

Mailing Address 1001 Newman Road

City New Bern State NC Zip Code 28562-5253

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

Name of Employer The Heart Center of Eastern Carolina 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
09 / 01 / 2009

Transaction ID: BF6D7D099207FCE832B

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 69 / 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Hassan Tabandeh, M.D., F.A.
 Mailing Address 5031 Greenhouse Terrace
 City State Zip Code
 Centreville VA 20120-5021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Virginia Cardiovascular Associates 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
 09 / 01 / 2009
Transaction ID: CEDABA7715A56F5D352
 Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Clifford R. Talbert, Jr., M.D.,
 Mailing Address 25 Doctors Park
 City State Zip Code
 Cape Girardeau MO 63703-4927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cardiovascular Consultants of Cape Gira 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
 09 / 17 / 2009
Transaction ID: 8B561BB9B130727CC4B
 Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Louis E. Teichholz, M.D., F.A.
 Mailing Address 718 Schirra Drive
 City State Zip Code
 Oradell NJ 07649-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Division of Cardiology 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
 09 / 02 / 2009
Transaction ID: B14B7537-EBAF-4C3E-
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Harry M. Thomas, Jr., M.D.,
Mailing Address 2300 Corporate Cir Ste 100
City Henderson State NV Zip Code 89074-7725
FEC ID number of contributing federal political committee. **C**
Name of Employer Cardiovascular Consultants of Nevada Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00
Date of Receipt 09 / 01 / 2009
Transaction ID: B5A62081037B1A8084F
Amount of Each Receipt this Period 1000.00
A Refund for 4500 was cut on 10/13/2009.
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Peter Tilkemeier, M.D., F.A.
Mailing Address 49 Farm Dr
City Cumberland State RI Zip Code 02864-3521
FEC ID number of contributing federal political committee. **C**
Name of Employer Warren Alpert Medical School of Brown Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 01 / 2009
Transaction ID: A1155514C289CA9CFF1
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
David B. Truluck, M.D., F.A.
Mailing Address 305 Pine Needle Drive
City Myrtle Beach State SC Zip Code 29572-4744
FEC ID number of contributing federal political committee. **C**
Name of Employer Cardiology Gastroenterology Assocs PA Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 01 / 2009
Transaction ID: 0C32AFC3EF3F0C95AC4
Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 85
	<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)
Aung Tun, M.B.B.S.,

Mailing Address PO Box 48036

City Tampa State FL Zip Code 33646-0143

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2009

Transaction ID: F94D3AFB939D88C57D9

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 5140 Highway 397

City Bell City State LA Zip Code 70630-3105

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

Name of Employer Cardiovascular Specialists of Southwes Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 09 / 2009

Transaction ID: 48C3B128C0E60B482CDA

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Ernesto Umana, M.D., F.A.

Mailing Address 1238 Skip Wells Court

City Tallahassee State FL Zip Code 32312-1064

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

Name of Employer Southern Medical Group Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 09 / 21 / 2009

Transaction ID: 2CA4A5C2-8B7C-44A9-

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 85
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

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

Mailing Address 2875 Southwest 53rd Street

City Ocala State FL Zip Code 34471-9538

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 09 / 29 / 2009
Transaction ID: 4197B39C53362A791C7E
Amount of Each Receipt this Period 84.00

B.

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

Mailing Address 1487 Langhorne Road
2410 Atherholt Road

City Lynchburg State VA Zip Code 24503

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 728.00

Date of Receipt 09 / 03 / 2009
Transaction ID: 4FEEA4FD65AFCAB6677C
Amount of Each Receipt this Period 91.00

C.

Full Name (Last, First, Middle Initial)
Andrew Van Tosh, M.D., F.A.

Mailing Address Nuclear Cardiology
100 Port Washington Boulevard

City Roslyn State NY Zip Code 11576

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

Name of Employer St. Francis Hospital Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2009
Transaction ID: 933B64D4F5FA596A511
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **675.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 85
(check only one)

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

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

A.

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

Mailing Address 2817 E Ludlow Drive

City State Zip Code
Phoenix AZ 85032-5665

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

Name of Employer Self-Employed
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2009

Transaction ID: 485AA7CFB5DB2512D67A

Amount of Each Receipt this Period
84.00

B.

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

Mailing Address 731E Broadway

City State Zip Code
Louisville KY 40202

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

Name of Employer Childrens Heart Specialis-
ts, P.S.C. Pe
Occupation PEDIATRICS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

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

Transaction ID: 46EFB927B501BE1E8BB2

Amount of Each Receipt this Period
83.34

C.

Full Name (Last, First, Middle Initial)
Thad Waites, M.D., F.A.

Mailing Address 1017 Richburg Rd

City State Zip Code
Hattiesburg MS 39402-9055

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

Name of Employer Southern Heart Center
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
778.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009

Transaction ID: 4AE0A83970BC0CC94D03

Amount of Each Receipt this Period
91.00

SUBTOTAL of Receipts This Page (optional) ► **258.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 85
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Thad Waites, M.D., F.A.
Mailing Address 1017 Richburg Rd
City Hattiesburg State MS Zip Code 39402-9055
FEC ID number of contributing federal political committee. **C**
Name of Employer Southern Heart Center Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 778.00
Date of Receipt 09 / 17 / 2009
Transaction ID: A5C6A7096DB75CE4543
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Diane E. Wallis, M.D., F.A.
Mailing Address 3825 Ighland Avenue Suite 400
City Downers Grove State IL Zip Code 60515-4457
FEC ID number of contributing federal political committee. **C**
Name of Employer Midwest Heart Specialists Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.04
Date of Receipt 09 / 09 / 2009
Transaction ID: 4722B91AFDA6B3015230
Amount of Each Receipt this Period 83.34

C. Full Name (Last, First, Middle Initial)
Howard Walpole, Jr., M.D.,
Mailing Address 31 Northumberland
City Nashville State TN Zip Code 37215-4123
FEC ID number of contributing federal political committee. **C**
Name of Employer Saint Thomas Health Services Occupation INTERVENTIONAL CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3636.40
Date of Receipt 09 / 03 / 2009
Transaction ID: 4DDBA14F3F7C092133BA
Amount of Each Receipt this Period 454.55

SUBTOTAL of Receipts This Page (optional) ▶ 587.89
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 85
	<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) Mary Norine Walsh, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 29 / 2009
	Mailing Address 428 West 83rd Place	Transaction ID: 4305B456B09317331C16
	City State Zip Code Indianapolis IN 46260-4905	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Care Group LLC	Occupation HEART FAILURE/TRANSPLANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Sylvan Lee Weinberg, M.D., M.A.	Date of Receipt MM / DD / YYYY 09 / 01 / 2009
	Mailing Address 4555 Southern Boulevard	Transaction ID: D742B820B2CC784E955
	City State Zip Code Dayton OH 45429-1118	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Robert C. Wesley, Jr., M.D.,	Date of Receipt MM / DD / YYYY 09 / 09 / 2009
	Mailing Address 2675 Windmill Parkway Apt. 1921	Transaction ID: 458F8CB211C11AFBEB08
	City State Zip Code Henderson NV 89074-1941	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

SUBTOTAL of Receipts This Page (optional)	434.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 85
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Thomas M. White, D.O., F.A.

Mailing Address 459 Jack Martin Boulevard Suite 4

City State Zip Code
Brick NJ 08724-7724

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

Name of Employer
Coastal Cardiovascular Consultants, P.

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2009

Transaction ID: 8765203B151A34218ED

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Pierre A. Wicker, M.D.

Mailing Address 30 High Street

City State Zip Code
Mystic CT 06355-2402

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

Name of Employer
Pfizer Central Research

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2009

Transaction ID: 40FB95049F2597FA7D41

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 2753 Northeast Red Oak Drive

City State Zip Code
Bend OR 97701-8348

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

Name of Employer
Heart Center Cardiology

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
978.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009

Transaction ID: 42ABAA465EC8CAE70AC0

Amount of Each Receipt this Period
91.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 85
(check only one)

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

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

A.

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

Mailing Address 2753 Northeast Red Oak Drive

City State Zip Code
Bend OR 97701-8348

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

Name of Employer Heart Center Cardiology Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 978.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 6E59296EC740F95DBB4

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 876 Park Avenue

City State Zip Code
New York NY 10075-1843

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

Name of Employer New York Cardiology Associates Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.71

Date of Receipt
MM / DD / YYYY
09 / 07 / 2009

Transaction ID: 413CA5E545A0874FC90E

Amount of Each Receipt this Period
83.34

C.

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

Mailing Address 1038 South Carmelina Avenue
2001 Santa Monica Boulevard

City State Zip Code
Los Angeles CA 90049

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

Name of Employer Pacific Heart Institute Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009

Transaction ID: 4FBCA2D0CD4233947492

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **533.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 85
	<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) Lambert A. Wu, M.D., F.A.		Date of Receipt
	Mailing Address 1524 Northwest Grove Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Topeka	KS	66606-1234
	FEC ID number of contributing federal political committee. C		Transaction ID: 1E1E5F1999E63689D80
Name of Employer Cotton O'Neil Heart Center		Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1000.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Ricardo A. Yaryura, M.D., F.A.		Date of Receipt
	Mailing Address 8106 Waterview Boulevard		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Bradenton	FL	34202-2261
	FEC ID number of contributing federal political committee. C		Transaction ID: BCA2734C0D6562FB003
Name of Employer Intercoastal Medical Group, Inc.		Occupation INTERVENTIONAL CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Shawn Yazdani, M.D., F.A.		Date of Receipt
	Mailing Address 8100 Ashton Ave Ste 200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Manassas	VA	20109-5688
	FEC ID number of contributing federal political committee. C		Transaction ID: 44A698867F1E9420280D
Name of Employer Virginia Cardiovascular Associates, PC		Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 672.00	<input type="text"/> 84.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 834.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 85
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Raymond S. Yen, M.D., F.A.

Mailing Address 1334 W Covina Boulevard Suite 205

City State Zip Code
San Dimas CA 91773-3211

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

Name of Employer
Foothill Cardiology/California Heart M

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 895C8710E71A95E5D7C

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 1917 Rosedown Dr

City State Zip Code
Lake Charles LA 70605-9700

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

Name of Employer
Cardiovascular Specialist of Southwest

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: 220A10F7062F9480796

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Li Zhou, M.D., F.A.

Mailing Address 1818 N Meade St

City State Zip Code
Appleton WI 54911-3454

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

Name of Employer
Appleton Heart Institute

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2009

Transaction ID: 031FAA21CEE921BB6A6

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ► **98043.24**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 80 / 85	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) American College of Cardiology - Admin Account		Date of Receipt		
	Mailing Address P.O. Box 85024		M M / D D / Y Y Y Y 09 / 17 / 2009		
	City	State	Zip Code	Transaction ID: 6CC68841BB2C0D617F2	
	Richmond	VA	23285-5024	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	2434.72	
	Name of Employer		Occupation	Reimburse. for August Amex and September Merchant Fees	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	10875.20		

SUBTOTAL of Receipts This Page (optional)	2434.72
TOTAL This Period (last page this line number only)	2434.72

**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 81 / 85

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

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

A. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement September Amex Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: VB9358B03A97FB711C50 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 648.97
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address C/O Nova Information Systems 7300 Chapman Hwy <hr/> City Knoxville State TN Zip Code 37920 <hr/> Purpose of Disbursement September Merchant Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: M798FCB997FD21A5003E Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1780.52
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

2429.49

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

2429.49

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Alamo PAC</p> <p>Mailing Address 919 Congress Ave Suite 1400 Frost Bank Plaza</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Alamo PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B73F7C17D72D9FBFF7D</p> <p>Date of Disbursement 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens for Harkin</p> <p>Mailing Address PO Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement 2014 Primary</p> <p>Candidate Name Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: FE4F916E10B6864237E</p> <p>Date of Disbursement 09 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9DE38177F2CCEA64547</p> <p>Date of Disbursement 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Guthrie for Congress <hr/> Mailing Address PO Box 9639 <hr/> City Bowling Green State KY Zip Code 42102 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Brett Guthrie <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 98DA83072EAE113973B Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Hall for Congress Committee (RALPH HALL - ROCKWALL, TEX-AS) <hr/> Mailing Address Post Office Box 711 <hr/> City Rockwall State TX Zip Code 75087 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Ralph M. Hall <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C96F6B868EBBC05A7F9 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Kagen 4 Congress <hr/> Mailing Address 100 W. College Ave. 50 D <hr/> City Appleton State WI Zip Code 54911 <hr/> Purpose of Disbursement 2010 General Candidate Name Steven L. Kagen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 105872FFEE75D00E11B Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Kirk for Senate <hr/> Mailing Address PO Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement 2010 General Candidate Name Mark Steven Kirk <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2293D0AAE3345751E4 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress Inc. <hr/> Mailing Address PO Box 682185 <hr/> City Franklin State TN Zip Code 37068 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Marsha Blackburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 06CDD716921C9CEC2AC Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Peters for Congress <hr/> Mailing Address PO Box 226 <hr/> City Bloomfield Hills State MI Zip Code 48303 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Gary C. Peters <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC152481431AD7E2730 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 85 / 85

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

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

A. Full Name (Last, First, Middle Initial) Sue Myrick for Congress Mailing Address PO Box 37091 City Charlotte State NC Zip Code 28237 Purpose of Disbursement 2010 Primary Candidate Name Sue Wilkins Myrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 93B2FCF475BFA05B638 Date of Disbursement 09 / 24 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Tiberi for Congress Mailing Address 2931 E Dublin Granville Road Suite 190 City Columbus State OH Zip Code 43231 Purpose of Disbursement 2010 Primary Candidate Name Pat Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3B694490F26EA9FEAD3 Date of Disbursement 09 / 24 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

26000.00