

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End 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 (12S)  
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  /  /  through  /  /

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 JENNIFER Louise SEARFOSS

Signature of Treasurer JENNIFER Louise SEARFOSS [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		27796.50
(b) Cash on Hand at Beginning of Reporting Period.....	25564.50	
(c) Total Receipts (from Line 19) .....	11675.00	14443.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	37239.50	42239.50
7. Total Disbursements (from Line 31).....	8681.00	13681.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	28558.50	28558.50
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Report Covering the Period: From: 04 / 01 / 2012 To: 06 / 30 / 2012

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).....	11675.00	14443.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11675.00	14443.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	11675.00	14443.00
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).....	0.00	0.00
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 Transfers (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))..... ▶	11675.00	14443.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11675.00	14443.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	8500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	5175.00	5175.00
(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)).....	5175.00	5175.00
29. Other Disbursements .....	6.00	6.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	8681.00	13681.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8681.00	13681.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	11675.00	14443.00
34. Total Contribution Refunds (from Line 28(d)) .....	5175.00	5175.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6500.00	9268.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR LYNN A BATTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3715 DAUPIN ST  
 STE 4400  
 City MOBILE State AL Zip Code 36608  
 Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5597**  
 Amount of Each Receipt this Period 100.00  
 CAA member contribution - physician

**B. DR BROM D BECKERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39000 BOB HOPE DRIVE  
 City RANCHO MIRAGE State CA Zip Code 92270  
 Name of Employer DESERT CARDIOLOGY CONSULTANTS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 08 / 2012  
**Transaction ID : SA11AI.5559**  
 Amount of Each Receipt this Period 100.00  
 CAA member contribution - physician

**c. Dr. Robert K Berglund MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2501 Citico Ave  
 City Chattanooga State TN Zip Code 37404  
 Name of Employer Chattanooga Heart Institute Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 02 / 2012  
**Transaction ID : SA11AI.5576**  
 Amount of Each Receipt this Period 100.00  
 CAA member contribution - physician

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR G Keith Bruce MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2501 Citico Ave

City Chattanooga State TN Zip Code 37404

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

Name of Employer Chattanooga Heart Institute Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.5578**

Amount of Each Receipt this Period  
 100.00

CAA member contribution - physician

**B. DR RALPH S BUCKLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3715 DAUPHIN STE 4400

City MOBILE State AL Zip Code 36608

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

Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2012

**Transaction ID : SA11AI.5598**

Amount of Each Receipt this Period  
 100.00

CAA member contribution - physician

**C. NK FR T BUNCH DR**  
Full Name (Last, First, Middle Initial)

Mailing Address 3715 DAUPHIN ST STE 4400

City MOBILE State AL Zip Code 36608

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

Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2012

**Transaction ID : SA11AI.5599**

Amount of Each Receipt this Period  
 100.00

CAA member contribution - physician

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR KENNETH M BURNHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3715 DAUPHIN STE 4400  
 City MOBILE State AL Zip Code 36608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **100.00**

Date of Receipt **05 / 14 / 2012**  
**Transaction ID : SA11AI.5600**  
 Amount of Each Receipt this Period **100.00**  
 CAA member contribution - physician

**B. Daniel Caldwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20823 Country Creek Rd  
 City Little Rock State AR Zip Code 72223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arkansas Heart Hospital Occupation Administrator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 22 / 2012**  
**Transaction ID : SA11AI.5552**  
 Amount of Each Receipt this Period **250.00**  
 Contribution from CAA member administrator

**C. CARDIOLOGY ADVOCACY ALLIANCE, INC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 63  
 City ANNAPOLIS State MD Zip Code 21401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5175.00**

Date of Receipt **05 / 14 / 2012**  
**Transaction ID : SA11AI.5553**  
 Amount of Each Receipt this Period **5175.00**  
 CAA membership dues incorrectly deposited; transferred electronically out of account 6/11/2012

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5525.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR LUTHER D CAVE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3715 DAUPHIN STE 4400

City MOBILE State AL Zip Code 36608

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

Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5601**

Amount of Each Receipt this Period 100.00

CAA member contribution - physician

**B. DR RICHARD J CHERNICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 3715 DAUPHIN STE 4400

City MOBILE State AL Zip Code 36608

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

Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5602**

Amount of Each Receipt this Period 100.00

CAA member contribution - physician

**C. DR GLENN A COCHRAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3715 DAUPHIN STE 4400

City MOBILE State AL Zip Code 36608

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

Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5603**

Amount of Each Receipt this Period 100.00

CAA member contribution - physician

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR JASON H COLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3715 DAUPHIN STE 4400  
 City MOBILE State AL Zip Code 36608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5604**  
 Amount of Each Receipt this Period 100.00  
 CAA member contribution - physician

**B. DR Eric H Conn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2501 citico Ave  
 City Chattanooga State TN Zip Code 37404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chattanooga Heart Institute Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 02 / 2012  
**Transaction ID : SA11AI.5579**  
 Amount of Each Receipt this Period 100.00  
 CAA member contribution - physician

**C. DR BRIAN D DEARING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3715 DAUPHIN STE 4400  
 City MOBILE State AL Zip Code 36608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5605**  
 Amount of Each Receipt this Period 250.00  
 CAA member contribution - physician

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. ANDREW H FOWLER MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2501 CITICO AVE  
 City CHATTANOOGA State TN Zip Code 37404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHATTANOOGA HEART INSTITUTE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 02 / 2012  
**Transaction ID : SA11AI.5582**  
 Amount of Each Receipt this Period 100.00  
 CAA member contribution - physician

**B. DR KENNETH E FRANCEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3715 DAUPHIN STE 4400  
 City MOBILE State AL Zip Code 36608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5607**  
 Amount of Each Receipt this Period 100.00  
 CAA member contribution - physician

**C. DR Andrew D Frutkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39000 BOB HOPE DRIVE  
 City RANCHO MIRAGE State CA Zip Code 92270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DESERT CARDIOLOGY CONSULTANTS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 08 / 2012  
**Transaction ID : SA11AI.5570**  
 Amount of Each Receipt this Period 100.00  
 CAA member contribution - physician

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR John M. Galla**  
Full Name (Last, First, Middle Initial)

Mailing Address 3715 DAUPIN ST  
STE 4400

City MOBILE State AL Zip Code 36608

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

Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
05 / 14 / 2012  
Transaction ID : SA11AI.5608

Amount of Each Receipt this Period  
100.00

CAA member contribution - physician

**B. DR Gordon D Graham MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2501 Citico Ave

City chattanooga State TN Zip Code 37404

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

Name of Employer Chattanooga Heart Institute Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
05 / 02 / 2012  
Transaction ID : SA11AI.5581

Amount of Each Receipt this Period  
100.00

CAA member contribution - physician

**c. DR Arthur G. Grant**  
Full Name (Last, First, Middle Initial)

Mailing Address 3715 DAUPIN ST  
STE 4400

City MOBILE State AL Zip Code 36608

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

Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
05 / 14 / 2012  
Transaction ID : SA11AI.5609

Amount of Each Receipt this Period  
100.00

CAA member contribution - physician

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR BARRY T HACKSHAW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39000 BOB HOPE DRIVE  
 City RANCHO MIRAGE State CA Zip Code 92270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DESERT CARDIOLOGY CONSULTANTS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **100.00**

Date of Receipt **05 / 08 / 2012**  
**Transaction ID : SA11AI.5562**  
 Amount of Each Receipt this Period **100.00**  
 CAA member contribution - physician

**B. DR KARL V HAKMILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3715 DAUPHIN STE 4400  
 City MOBILE State AL Zip Code 36608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **100.00**

Date of Receipt **05 / 14 / 2012**  
**Transaction ID : SA11AI.5610**  
 Amount of Each Receipt this Period **100.00**  
 CAA member contribution - physician

**C. DR MIR W HASHIMI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3715 DAUPHIN STE 4400  
 City MOBILE State AL Zip Code 36608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **100.00**

Date of Receipt **05 / 14 / 2012**  
**Transaction ID : SA11AI.5611**  
 Amount of Each Receipt this Period **100.00**  
 CAA member contribution - physician

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**  
**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 15 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR James W Hoback MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2501 Citico Ave

City Chattanooga State TN Zip Code 37404

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

Name of Employer Chattanooga Heart Institute Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 02 / 2012  
**Transaction ID : SA11AI.5583**

Amount of Each Receipt this Period 100.00

CAA member contribution - physician

**B. DR DAMON E KELSAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 39000 BOB HOPE DRIVE

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer DESERT CARDIOLOGY CONSULTANTS Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 08 / 2012  
**Transaction ID : SA11AI.5561**

Amount of Each Receipt this Period 100.00

CAA member contribution - physician

**C. DR PUNEET K KHANNA**  
Full Name (Last, First, Middle Initial)

Mailing Address 39000 BOB HOPE DRIVE

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer DESERT CARDIOLOGY CONSULTANTS Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 08 / 2012  
**Transaction ID : SA11AI.5571**

Amount of Each Receipt this Period 100.00

CAA member contribution - physician

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR DALE S KIRBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3715 DAUPHIN  
STE 4400

City MOBILE State AL Zip Code 36608

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

Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5612**

Amount of Each Receipt this Period 100.00

CAA member contribution - physician

**B. DR KHOI M LE**  
Full Name (Last, First, Middle Initial)

Mailing Address 39000 BOB HOPE DRIVE

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer DESERT CARDIOLOGY CONSULTANTS Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 08 / 2012  
**Transaction ID : SA11AI.5563**

Amount of Each Receipt this Period 100.00

CAA member contribution - physician

**C. C Samuel Ledford MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2501 Citico ave

City chattanooga State TN Zip Code 37404

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

Name of Employer Chattanooga Heart Institute Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 02 / 2012  
**Transaction ID : SA11AI.5584**

Amount of Each Receipt this Period 100.00

CAA member contribution - physician

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 17 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR ONDREJ LISY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2501 CITICO AVE

City CHATTANOOGA State TN Zip Code 37404

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

Name of Employer CHATTANOOGA HEART INST Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 02 / 2012  
**Transaction ID : SA11AI.5585**

Amount of Each Receipt this Period 100.00

CAA member contribution - physician

**B. DR DAVID C MAYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3715 DAUPHIN STE 4400

City MOBILE State AL Zip Code 36608

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

Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5613**

Amount of Each Receipt this Period 100.00

CAA member contribution - physician

**C. robert j Mills md**  
Full Name (Last, First, Middle Initial)

Mailing Address 2501 citico

City chattanooga State TN Zip Code 37404

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

Name of Employer Chattanooga Heart Institute Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 02 / 2012  
**Transaction ID : SA11AI.5586**

Amount of Each Receipt this Period 100.00

CAA member contribution - physician

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 18 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. Brian C Mitchell MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2501 citco

City State Zip Code  
chattanooga TN 37404

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

Name of Employer Occupation  
Chattanooga Heart Institute physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2012

**Transaction ID : SA11AI.5587**

Amount of Each Receipt this Period  
100.00

CAA member contribution - physician

**B. v stephen Monroe md**  
Full Name (Last, First, Middle Initial)

Mailing Address 2501 citco

City State Zip Code  
chattanooga TN 37404

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

Name of Employer Occupation  
Chattanooga Heart Institute physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
MM / DD / YYYY  
05 / 02 / 2012

**Transaction ID : SA11AI.5588**

Amount of Each Receipt this Period  
100.00

CAA member contribution - physician

**C. DR MICHAEL W MONSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3715 DAUPHIN  
STE 4400

City State Zip Code  
MOBILE AL 36608

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

Name of Employer Occupation  
CARDIOLOGY ASSOC OF MOBILE PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2012

**Transaction ID : SA11AI.5614**

Amount of Each Receipt this Period  
100.00

CAA member contribution - physician

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 19 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR JOHN A MORROW**  
Full Name (Last, First, Middle Initial)

Mailing Address 3715 DAUPHIN  
STE 4400

City MOBILE State AL Zip Code 36608

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

Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5615**

Amount of Each Receipt this Period 100.00

CAA member contribution - physician

**B. DR THOMAS F MURPHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 39000 BOB HOPE DRIVE

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer DESERT CARDIOLOGY CONSULTANTS Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 08 / 2012  
**Transaction ID : SA11AI.5564**

Amount of Each Receipt this Period 100.00

CAA member contribution - physician

**c. brian h Negus md**  
Full Name (Last, First, Middle Initial)

Mailing Address 2501 citico

City chattanooga State TN Zip Code 37404

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

Name of Employer Chattanooga Heart Institute Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 02 / 2012  
**Transaction ID : SA11AI.5589**

Amount of Each Receipt this Period 100.00

CAA member contribution - physician

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. JOHN D NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 39000 BOB HOPE DRIVE

City RANCHO MIRAGE	State CA	Zip Code 92270
-----------------------	-------------	-------------------

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

Name of Employer DESERT CARDIOLOGY CONSULTANTS	Occupation ADMINISTRATOR
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		08		2012

**Transaction ID : SA11AI.5572**

Amount of Each Receipt this Period  

100.00
--------

CAA member contribution - physician

**B. WILLIAM F OELLERICH MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2501 CITICO

City CHATTANOOGA	State TN	Zip Code 37404
---------------------	-------------	-------------------

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

Name of Employer Chattanooga Heart Institute	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		10		2012

**Transaction ID : SA11AI.5575**

Amount of Each Receipt this Period  

100.00
--------

CAA member contribution - physician

**C. DR LESTER D PADILLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 39000 BOB HOPE DRIVE

City RANCHO MIRAGE	State CA	Zip Code 92270
-----------------------	-------------	-------------------

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

Name of Employer DESERT CARDIOLOGY CONSULTANTS	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		08		2012

**Transaction ID : SA11AI.5565**

Amount of Each Receipt this Period  

100.00
--------

CAA member contribution - physician

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 21 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR PHILIP J PATEL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39000 BOB HOPE DRIVE

City RANCHO MIRAGE	State CA	Zip Code 92270
-----------------------	-------------	-------------------

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

Name of Employer DESERT CARDIOLOGY CONSULTANTS	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2012

**Transaction ID : SA11AI.5558**

Amount of Each Receipt this Period  

100.00
--------

CAA member contribution - physician

**B. DR CHARLES W PHILLIPS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5875 BREMO ROAD

City RICHMOND	State VA	Zip Code 23226
------------------	-------------	-------------------

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

Name of Employer VA. CARDIOVASCULAR SPECIALISTS	Occupation PHYSICIAN
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2012

**Transaction ID : SA11AI.5616**

Amount of Each Receipt this Period  

100.00
--------

CAA member contribution - physician

**C. JOSEPH K POWERS MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2501 CITICO

City CHATTANOOGA	State TN	Zip Code 37404
---------------------	-------------	-------------------

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

Name of Employer Chattanooga Heart Institute	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2012

**Transaction ID : SA11AI.5590**

Amount of Each Receipt this Period  

100.00
--------

CAA member contribution - physician

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR Robert P Robinchaux**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3715 DAUPHIN STE 4400  
 City MOBILE State AL Zip Code 36608  
 Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5624**  
 Amount of Each Receipt this Period 100.00  
 CAA member contribution - physician

**B. DR ANDREW M RUBIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39000 BOB HOPE DRIVE  
 City RANCHO MIRAGE State CA Zip Code 92270  
 Name of Employer DESERT CARDIOLOGY CONSULTANTS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 08 / 2012  
**Transaction ID : SA11AI.5566**  
 Amount of Each Receipt this Period 100.00  
 CAA member contribution - physician

**C. DAVID M SALERNO MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2501 CITICO  
 City CHATTANOOGA State TN Zip Code 37404  
 Name of Employer Chattanooga Heart Institute Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 02 / 2012  
**Transaction ID : SA11AI.5591**  
 Amount of Each Receipt this Period 100.00  
 CAA member contribution - physician

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 OF 29  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR Charlie W. Shaeffer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39000 BOB HOPE DRIVE  
City RANCHO MIRAGE State CA Zip Code 92270  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DESERT CARDIOLOGY CONSULTANTS Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 100.00

Date of Receipt 05 / 08 / 2012  
**Transaction ID : SA11AI.5568**  
Amount of Each Receipt this Period 100.00  
CAA member contribution - physician

**B. GREGG S SHANDER MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2501 CITICO  
City CHATTANOOGA State TN Zip Code 37404  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Chattanooga Heart Institute Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 100.00

Date of Receipt 05 / 02 / 2012  
**Transaction ID : SA11AI.5592**  
Amount of Each Receipt this Period 100.00  
CAA member contribution - physician

**C. DR ERIC M SONTZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 39000 BOB HOPE DRIVE  
City RANCHO MIRAGE State CA Zip Code 92270  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DESERT CARDIOLOGY CONSULTANTS Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 100.00

Date of Receipt 05 / 08 / 2012  
**Transaction ID : SA11AI.5569**  
Amount of Each Receipt this Period 100.00  
CAA member contribution - physician

**SUBTOTAL** of Receipts This Page (optional)..... 300.00  
**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 24 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR JAMES R STINEBAUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3715 DAUPHIN STE 4400  
 City MOBILE State AL Zip Code 36608  
 Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5617**  
 Amount of Each Receipt this Period 100.00  
 CAA member contribution - physician

**B. DR JAMES A STOREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3715 DAUPHIN STE 4400  
 City MOBILE State AL Zip Code 36608  
 Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5618**  
 Amount of Each Receipt this Period 100.00  
 CAA member contribution - physician

**C. MARK C THEL MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2501 CITICO  
 City CHATTANOOGA State TN Zip Code 37404  
 Name of Employer Chattanooga Heart Institute Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 02 / 2012  
**Transaction ID : SA11AI.5593**  
 Amount of Each Receipt this Period 100.00  
 CAA member contribution - physician

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 OF 29  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR Stanley N Thornton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3715 DAUPHIN STE 4400  
City MOBILE State AL Zip Code 36608  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5625**  
Amount of Each Receipt this Period 100.00  
CAA member contribution - physician

**B. DR DAVID E TRICE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3715 DAUPHIN STE 4400  
City MOBILE State AL Zip Code 36608  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5619**  
Amount of Each Receipt this Period 100.00  
CAA member contribution - physician

**C. DR JOHN M TROTTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3715 DAUPHIN STE 4400  
City MOBILE State AL Zip Code 36608  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CARDIOLOGY ASSOC OF MOBILE Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : SA11AI.5620**  
Amount of Each Receipt this Period 100.00  
CAA member contribution - physician

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 26 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

**A. DR LISA G UMPHREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 STONEWOOD DR NW  
 City State Zip Code  
 CLEVELAND TN 37311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CHATTANOOGA HEART INST PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2012  
**Transaction ID : SA11AI.5594**  
 Amount of Each Receipt this Period  
 100.00  
 CAA member contribution - physician

**B. WILLIAM P WARREN MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2501 CITICO  
 City State Zip Code  
 CHATTANOOGA TN 37404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Chattanooga Heart Institute PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2012  
**Transaction ID : SA11AI.5595**  
 Amount of Each Receipt this Period  
 100.00  
 CAA member contribution - physician

**C. DAVID J WENDT MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2501 CITICO  
 City State Zip Code  
 CHATTANOOGA TN 37404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Chattanooga Heart Institute PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2012  
**Transaction ID : SA11AI.5596**  
 Amount of Each Receipt this Period  
 100.00  
 CAA member contribution - physician

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶ 11675.00

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

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

FOR LINE NUMBER:  
(check only one)

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

Full Name (Last, First, Middle Initial)

**A. BOB CASEY FOR SENATE INC**

Mailing Address 30 SOUTH 15TH STREET SUITE 400

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement  
Contribution to a federal candidate

011

Candidate Name

**BOB CASEY FOR SENATE INC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	2

Transaction ID : **SB23.5543**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. ELIOT ENGEL**

Mailing Address 4901 Henry Hudson Parkway

City Bronx State NY Zip Code 10471

Purpose of Disbursement  
Contribution to federal candidate

011

Candidate Name

**ENGEL FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 17

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	2

Transaction ID : **SB23.5539**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DAVE REICHERT**

Mailing Address PO BOX 2032

City ISSAQUAH State WA Zip Code 98027

Purpose of Disbursement  
Contribution to federal candidate

011

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: WA District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	2

Transaction ID : **SB23.5545**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

Full Name (Last, First, Middle Initial)

**A. HATCH ELECTION COMMITTEE INC**

Mailing Address PO BOX 900427

City SANDY State UT Zip Code 84090

Purpose of Disbursement  
Contribution to federal candidate

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: UT District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.5547**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)**

Full Name (Last, First, Middle Initial)

**A. CARDIOLOGY ADVOCACY ALLIANCE, INC**

Mailing Address P.O. Box 63

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement  
Transfer of incorrect membership dues deposit on 5/14/2012

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A.5557**

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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