

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2011 through 07 31 2011

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 08 19 2011

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: 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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		66368.13
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	24348.68									
(c) Total Receipts (from Line 19)	25323.83	292506.54								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49672.51	358874.67								
7. Total Disbursements (from Line 31)	950.87	310153.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48721.64	48721.64								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	22374.65	234703.69
(ii) Unitemized	2268.32	48643.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)	24642.97	283346.76
(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)	24642.97	283346.76
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)	680.86	9159.78
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))	25323.83	292506.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25323.83	292506.54

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.....	585.87	9038.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	585.87	9038.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	298500.00
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	365.00	2615.00
(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))	365.00	2615.00
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))..	950.87	310153.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	950.87	310153.03

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)	24642.97	283346.76
34. Total Contribution Refunds (from Line 28(d))	365.00	2615.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24277.97	280731.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	585.87	9038.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	680.86	9159.78
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-94.99	-121.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 35
(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)
American College of Cardiology Political Action Committee

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

City State Zip Code
Buffalo Grove IL 60089-4695

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

Name of Employer Occupation
North Shore Cardiologists, SC ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2011

Transaction ID: 4DD0A4B03D0F9C529BFA

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Nima Amjadi, M.D., F.A.
Mailing Address 4316 James Casey St Ste A

City State Zip Code
Austin TX 78745-1157

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

Name of Employer Occupation
Texas Heart & Vascular, P.A. ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2011

Transaction ID: 23B822377EC35363333

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Constantine L. Athanasuleas, M.D., F.A.
Mailing Address 1530 3rd Ave S Tht 720

City State Zip Code
Birmingham AL 35294-0002

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

Name of Employer Occupation
University of Alabama At Birmingham ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
07 / 29 / 2011

Transaction ID: 4449588DDEA53099335

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **815.00**

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 7 / 35
(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)
Christopher L. Baldi, D.O., F.A.

Mailing Address 37 Oxford Way

City State Zip Code
Wilmington DE 19807-2578

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
07 / 29 / 2011

Transaction ID: B99D182103B01E73DD3

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Amol S. Bapat, M.D., F.A.

Mailing Address 195 Sherwood Pass

City State Zip Code
Roswell GA 30075-6858

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

Name of Employer Cardiovascular Physicians of North Atl Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2011

Transaction ID: 22295FF6C4857E063DA

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Andrew D. Beamer, M.D., F.A.

Mailing Address 42 Oakland Pl

City State Zip Code
Summit NJ 07901-3482

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

Name of Employer Summit Medical Group Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2011

Transaction ID: 7C20C509EDA8C064590

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: PAGE 8 / 35
(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)
Ralph G. Brindis, M.D., M.P.
Mailing Address 1410 Monterey Blvd

City State Zip Code
San Francisco CA 94127-2554

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

Name of Employer Kaiser Foundation Hospital Occupation INTERVENTIONAL 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
07 / 08 / 2011

Transaction ID: 42E58149330484011601

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Alan S. Brown, M.D., F.A.
Mailing Address 1912 Alta Vista Ct

City State Zip Code
Naperville IL 60563-1815

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 ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2011

Transaction ID: 4237984FEEA20DC56852

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Joseph G. Cacchione, M.D., F.A.
Mailing Address 5740 Hickory Knoll Ct

City State Zip Code
Fairview PA 16415-3246

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

Name of Employer Cleveland Clinic Foundation Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 917.36

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 08 / 2011

Transaction ID: 4909B7F8E6AACA4B5AEB

Amount of Each Receipt this Period
111.12

SUBTOTAL of Receipts This Page (optional) ► **311.12**

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 / 35
(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)
Hollace D. Chastain, II, M.D.,

Mailing Address 1819 Braemar Dr

City State Zip Code
Fort Wayne IN 46814-9364

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

Name of Employer Occupation
Fort Wayne Cardiology ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2011

Transaction ID: 4299AC2DBD367FA0A9CD

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Bernard A. Clark, III, M.D.,

Mailing Address 95 Johnny Cake Ln

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2011

Transaction ID: 43179EFDF1AD33915DE2

Amount of Each Receipt this Period
50.00

C.

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

Mailing Address 4014 88th Ave NW

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 ▼ 861.36

Date of Receipt
MM / DD / YYYY
07 / 08 / 2011

Transaction ID: 4CED8DD7C6BA7FFA0914

Amount of Each Receipt this Period
88.00

SUBTOTAL of Receipts This Page (optional) ► **238.00**

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 / 35
(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 Pl

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 ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2011

Transaction ID: 4A22ABC98251DCB8364C

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dino T. Damalas

Mailing Address 4904 Springbrook Dr

City State Zip Code
Annandale VA 22003-3937

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

Name of Employer American College of Cardiology Occupation OTHER SPECIALTY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2011

Transaction ID: 490791DBF72EAA859478

Amount of Each Receipt this Period
83.34

C.

Full Name (Last, First, Middle Initial)
William G. Elliott, D.O., F.A.

Mailing Address 8638 W Cherry Hills Dr

City State Zip Code
Peoria AZ 85345-8173

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
M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 41739C0163C8BD9551B1

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **583.34**

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 11 / 35
(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)
Blair D. Erb, Jr., M.D.,
Mailing Address 905 Highland Blvd
Ste 4330
City Bozeman State MT Zip Code 59715-6901
FEC ID number of contributing federal political committee. **C**
Name of Employer Cardiology Consultants of Bozeman Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 860.00
Date of Receipt 07 / 08 / 2011
Transaction ID: 4E7B866D57AFC600108F
Amount of Each Receipt this Period 90.00

B. Full Name (Last, First, Middle Initial)
David M. Evans, M.D., F.A.
Mailing Address 130 Ashlei Ln
City Searcy State AR Zip Code 72143-3024
FEC ID number of contributing federal political committee. **C**
Name of Employer Searcy Medical Center Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 07 / 09 / 2011
Transaction ID: 460E84D4246C5242B691
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Chester J. Falterman, M.D., F.A.
Mailing Address 1458 Avellino Cir
City Murfreesboro State TN Zip Code 37130-7608
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 ▼ 583.31
Date of Receipt 07 / 25 / 2011
Transaction ID: 4A259E1997BC8640A90E
Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional) ► 273.33
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 35

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

Mailing Address 2718 Stephenson Ln NW

City State Zip Code
Washington DC 20015-1504

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

Name of Employer American College of Cardiology
Occupation PEDIATRIC CARD.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 838.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 05 / 2011

Transaction ID: 4669B456E8A01238045A

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)
Kevin Fitzpatrick, PA-C

Mailing Address 2400 N St NW

City State Zip Code
Washington DC 20037-1153

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

Name of Employer American College of Cardiology
Occupation ADMINISTRATION

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 583.31

Date of Receipt

M M / D D / Y Y Y Y
07 / 25 / 2011

Transaction ID: 4302B180F806B684DA1F

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)
Gordon L. Fung, M.D., F.A.

Mailing Address 1600 Divisadero St
1609

City State Zip Code
San Francisco CA 94115-3010

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

Name of Employer UCSF Medical Center at Mt. Zion
Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 583.31

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2011

Transaction ID: 4E26AFDF7B4B6AB2401B

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

250.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 35
	<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) Michael F. Gilson, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 03 / 2011
	Mailing Address 100 Prospect St	Transaction ID: 4B77B5A9F66A9768A8D4
	City State Zip Code Providence RI 02906-1446	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 ▼ 700.00	

B.	Full Name (Last, First, Middle Initial) Christopher B. Granger, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 14 / 2011
	Mailing Address 8020 Willardville Station Rd	Transaction ID: 962B368D333A190B03B
	City State Zip Code Bahama NC 27503-9560	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Duke Clinical Research Institute	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) Peter R. Gray, M.D., Ph.D.	Date of Receipt MM / DD / YYYY 07 / 18 / 2011
	Mailing Address PO Box 4860	Transaction ID: 4C8DA5F15B41F1AE27D6
	City State Zip Code Queensbury NY 12804-0860	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Adirondack Cardiology Assoc., PC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 35
(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)
G. Stephen Greer, M.D., F.A.

Mailing Address 9501 Lile Dr
Ste 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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2011

Transaction ID: 7A8307B03D8A0B6E7E0

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Thomas Guarnieri, M.D., F.A.

Mailing Address 609 Meadowridge Rd

City State Zip Code
Towson MD 21204-3737

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
07 / 29 / 2011

Transaction ID: 1961AC987B37BF7787D

Amount of Each Receipt this Period
250.00

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

Mailing Address 100 Willow Plz
Ste 200

City State Zip Code
Visalia CA 93291-6213

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2011

Transaction ID: 2562452E887FF8A973C

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 35
(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)
J. Timothy Hanlon, M.D., F.A.

Mailing Address 63569 Dickens Ct

City State Zip Code
Bend OR 97701-8854

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

Name of Employer Private Practice Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 14 / 2011
Transaction ID: 0A713D4B1DF7431AB7E
Amount of Each Receipt this Period 125.00

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

Mailing Address 11 Salt Creek Ln Ste 2

City State Zip Code
Hinsdale IL 60521-3032

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

Name of Employer Illinois Heart & Vascular Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 683.38

Date of Receipt 07 / 21 / 2011
Transaction ID: 41A6AA21212C7557D3DE
Amount of Each Receipt this Period 83.34

C. Full Name (Last, First, Middle Initial)
Eric S. Hockstad, M.D., F.A.

Mailing Address 3200 NE Ralph Powell Rd

City State Zip Code
Lees Summit MO 64064-2301

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

Name of Employer Kansas City Cardiology Associates Kans Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2011
Transaction ID: 7349D0F39024DB23CB2
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 458.34

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 16 / 35
(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)
Mark T. Hoffmann, M.D., F.A.
 Mailing Address 500 Wind Ridge Dr
 City State Zip Code
 Wausau WI 54401-4173
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2011
Transaction ID: C9BC6440A267F624325
 Amount of Each Receipt this Period
 150.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiovascular Associates of Northern
 Occupation ADULT CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

B. Full Name (Last, First, Middle Initial)
Jamie W. H. Hynd, M.D., F.A.
 Mailing Address 311 Knox St
 City State Zip Code
 Ogdensburg NY 13669-2613
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2011
Transaction ID: 7D1C652099C28FDD2F2
 Amount of Each Receipt this Period
 365.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massena Memorial Hospital
 Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

C. Full Name (Last, First, Middle Initial)
John G. Ivanoff, M.D., F.A.
 Mailing Address 11516 S Hudson Ave
 City State Zip Code
 Tulsa OK 74137-8104
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2011
Transaction ID: 1C4F330ED36EFF3BDDDB
 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:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

SUBTOTAL of Receipts This Page (optional) ► **765.00**
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 / 35
(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)
Shahabuddin Khan, M.D., F.A.
Mailing Address 7619 Victory Gallup St

City State Zip Code
Las Vegas NV 89131-4125

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

Name of Employer Nevada Heart & Vascular Center
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2011
Transaction ID: 924A229C350C3678DC4
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Steven E. Kornberg, M.D., F.A.
Mailing Address 10 E New York Ave Ste 2

City State Zip Code
Somers Point NJ 08244-2367

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

Name of Employer Shore Heart Consultants, LLC
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt
MM / DD / YYYY
07 / 18 / 2011
Transaction ID: 434BB6F76AF9E9BB4085
Amount of Each Receipt this Period 41.66

C. Full Name (Last, First, Middle Initial)
Joan M. Lacey, NP, A.A.C.
Mailing Address 877 W Faris Rd

City State Zip Code
Greenville SC 29605-4289

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

Name of Employer Carolina Cardiology Consultants, P.A.
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2011
Transaction ID: 64D923CC-1CDE-454A-
Amount of Each Receipt this Period 250.00

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 18 / 35
(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)
Saaron Laighold, M.D., F.A.

Mailing Address 245 E 19th St
Apt 11C

City State Zip Code
New York NY 10003-2653

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

Name of Employer North Shore University Hospital
Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2011

Transaction ID: 570D53BD6351A92267C

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Howard C. Lewin, M.D., F.A.

Mailing Address 8581 Santa Monica Blvd
471

City State Zip Code
Los Angeles CA 90069-4120

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

Name of Employer Cardiac Imaging Associates
Occupation NON-INVASIVE CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2011

Transaction ID: 111C0643-729F-4CAC-

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
Jack Lewin, M.D., F.A.

Mailing Address 2400 N St NW

City State Zip Code
Washington DC 20037-1153

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

Name of Employer American College of Cardiology
Occupation ADMINISTRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2011

Transaction ID: 48FDA2D613F24C627F45

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **3465.00**

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 / 35
(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)
Sandra J. Lewis, M.D., F.A.

Mailing Address 5342 SW Hewett Blvd

City State Zip Code
Portland OR 97221-2254

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

Name of Employer
NW Cardiovascular Institute

Occupation
CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt
MM / DD / YYYY
07 / 08 / 2011

Transaction ID: 45559201D96D65FC9DD6

Amount of Each Receipt this Period
83.34

B. Full Name (Last, First, Middle Initial)
Mario G. Massullo, D.O., F.A.

Mailing Address 1710 W Court St

City State Zip Code
Kankakee IL 60901-3160

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

Name of Employer
Advanced Cardiovascular Services

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2011

Transaction ID: AAE84ADEFB17493AC2A

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mumtaz Alam Memon, M.B.B.S.,

Mailing Address 4740 Eagle Dr

City State Zip Code
Jackson MI 49201-9749

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

Name of Employer
Michigan Heart, P. C. Michigan Heart &

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2011

Transaction ID: 2221463CF2170C7094E

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **948.34**

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 20 / 35
	<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) Michael J. Mirro, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 30 / 2011
	Mailing Address 2005 Prestwick Ln	Transaction ID: 4EB89B6F3254D0003C7B
	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 ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) Pramod K. Mohanty, M.B.B.S.,	Date of Receipt MM / DD / YYYY 07 / 28 / 2011
	Mailing Address 311 Victoria Way	Transaction ID: 56BD66D2DFE704D3308
	City State Zip Code Richmond VA 23238-7117	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Mohanty Consulting	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Marc A. Mugmon, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 28 / 2011
	Mailing Address 3333 N Calvert St Ste 500	Transaction ID: 751BDCB2-A891-48F7-
	City State Zip Code Baltimore MD 21218-6502	Amount of Each Receipt this Period 675.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Mid Atlantic Cardiovascular Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional)	1075.00
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 / 35
(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)
Navin C. Nanda, M.D., F.A.

Mailing Address 4240 Kennesaw Dr

City State Zip Code
Mountain Brk AL 35213-3310

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

Name of Employer University Hospital 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
07 / 14 / 2011

Transaction ID: 27FC34971F0A797AB0D

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Borzoo Nikpoor, M.D., Ph.D

Mailing Address 680 Centre St
Department of Medicine/Cardiology

City State Zip Code
Brockton MA 02302-3308

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

Name of Employer Signature Health Care Brockton Hospital Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2011

Transaction ID: B425A24DED6D65D0582

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 4215 Stern Ave

City State Zip Code
Sherman Oaks CA 91423-4226

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
07 / 06 / 2011

Transaction ID: 54374F8C62281232F7E

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: PAGE 22 / 35
(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)
Bruce Lee Palmer, M.D., F.A.

Mailing Address 1631 11th St

City State Zip Code
Wichita Falls TX 76301-4320

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

Name of Employer Occupation
Wichita Heart and Vascular INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2011

Transaction ID: 1F12F93D-6A32-441A-

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Dakshesh K. R. Parikh, M.B.B.S.,

Mailing Address 5703 Country Club Dr

City State Zip Code
Victoria TX 77904-1636

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
07 / 29 / 2011

Transaction ID: DC7B4E85793324A524C

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
William H. Pentz, M.D., F.A.

Mailing Address 20 Rebel Rd

City State Zip Code
Radnor PA 19087-2809

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

Name of Employer Occupation
Pennsylvania Cardiology Associates ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2011

Transaction ID: E983A7842B06C0B228E

Amount of Each Receipt this Period
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 23 / 35
	<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)
Neal S. Perlmutter, M.D., F.A.

Mailing Address 1820 9th St W

City State Zip Code
Kirkland WA 98033-4837

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
MM / DD / YYYY
07 / 08 / 2011

Transaction ID: 4703BA4AA8427B4C80FD

Amount of Each Receipt this Period
41.67

B.

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

Mailing Address 2 Hopi Ct

City State Zip Code
Manalapan NJ 07726-4628

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

Name of Employer Shore Heart Group Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt
MM / DD / YYYY
07 / 06 / 2011

Transaction ID: 49B8BDA1796D05D367E5

Amount of Each Receipt this Period
41.66

C.

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

Mailing Address 11 Bowdoin Dr

City State Zip Code
Falmouth ME 04105-2557

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

Name of Employer Maine Cardiology Associates Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 759.27

Date of Receipt
MM / DD / YYYY
07 / 23 / 2011

Transaction ID: 4601B8377D3D7E470ED1

Amount of Each Receipt this Period
60.19

SUBTOTAL of Receipts This Page (optional) ► **143.52**

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 / 35
(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)
Mayer Y. Rashtian, M.D., F.A.

Mailing Address 625 S Fair Oaks Ave
Ste 215

City Pasadena State CA Zip Code 91105-2613

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

Name of Employer Foothill Cardiology/California HeartMe Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt 07 / 08 / 2011

Transaction ID: BADFEB50-1671-4443-

Amount of Each Receipt this Period 180.00

B.

Full Name (Last, First, Middle Initial)
Russell E. Raymond, D.O., F.A.

Mailing Address 592 Williamsburg Dr

City Cleveland State OH Zip Code 44143-2060

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

Name of Employer The Cleveland Clinic Foundation Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 29 / 2011

Transaction ID: B587BAD985F6F52B6A0

Amount of Each Receipt this Period 400.00

C.

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

Mailing Address 2200 Plantation Ln

City Plano State TX Zip Code 75093-4221

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 ▼ 1095.00

Date of Receipt 07 / 18 / 2011

Transaction ID: CE8994CDECB1A5B1653

Amount of Each Receipt this Period 1095.00

SUBTOTAL of Receipts This Page (optional) ► 1675.00

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 / 35
(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.

Mailing Address 2441 Westlake Dr

City State Zip Code
Austin TX 78746-2950

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

Name of Employer Occupation
Biophysical Corporation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.69

Date of Receipt
MM / DD / YYYY
07 / 21 / 2011

Transaction ID: 4768A7F362C9FD214BDA

Amount of Each Receipt this Period
41.67

B. Full Name (Last, First, Middle Initial)
William A. Rolston, M.D., F.A.

Mailing Address 1501 S Carrollton Ave
E

City State Zip Code
New Orleans LA 70118-2823

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 ▼ 365.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2011

Transaction ID: 01A9662FBB4938F5621

Amount of Each Receipt this Period
365.00

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

Mailing Address 2835 Halleys Ct

City State Zip Code
Colorado Springs CO 80906-1067

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

Name of Employer Occupation
Pikes Peak Cardiology CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
MM / DD / YYYY
07 / 08 / 2011

Transaction ID: 413AA6FCE37D075E50B3

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► 490.00

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 / 35
(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)
Florence G. Rothenberg, M.D., F.A.
 Mailing Address 222 Reily Rd
 City State Zip Code
Cincinnati OH 45215-2620
 Date of Receipt
MM / DD / YYYY
07 / 23 / 2011
Transaction ID: 41D6B55B9211106A4A11
 Amount of Each Receipt this Period
83.34
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
University of Cincinnati CARDIOVASCULAR RESEARCH
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 583.38

B. Full Name (Last, First, Middle Initial)
John S. Rumsfeld, M.D., Ph.D.
 Mailing Address 1055 Clermont St
Cardiology (111B)
 City State Zip Code
Denver CO 80220-3808
 Date of Receipt
MM / DD / YYYY
07 / 25 / 2011
Transaction ID: 400B81FA022C12E7BB19
 Amount of Each Receipt this Period
83.33
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Denver VA Medical Center / University ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 583.31

C. Full Name (Last, First, Middle Initial)
J. Nathaniel Sanderson, M.D., F.A.
 Mailing Address 710 Water St
 City State Zip Code
Kerrville TX 78028-5382
 Date of Receipt
MM / DD / YYYY
07 / 29 / 2011
Transaction ID: 825FC8C10E86C0E5EFE
 Amount of Each Receipt this Period
365.00
 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) ▼ 365.00

SUBTOTAL of Receipts This Page (optional) ► 531.67
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 / 35
(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 K. Schroyer, RN, A.A.C.

Mailing Address 9065 Pebblepoint Cir

City State Zip Code
Zionsville IN 46077-8992

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

Name of Employer Occupation
Saint Vincent Heart Center ADMINISTRATION
of Indiana

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 518.68

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2011

Transaction ID: 4D60B7664102C0147C9C

Amount of Each Receipt this Period
88.00

B.

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

Mailing Address 21 Oakdale Farm Cir

City State Zip Code
Edmond OK 73013-7453

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

Name of Employer Occupation
Oklahoma Cardiology 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
07 / 29 / 2011

Transaction ID: 67AAA4F6CD8918C85C8

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1732 Fargo Blvd
Ste 100

City State Zip Code
Geneva IL 60134-2973

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

Name of Employer Occupation
Kane Cardiology, SC ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2011

Transaction ID: 4E6A918B2D029D486462

Amount of Each Receipt this Period
49.00

SUBTOTAL of Receipts This Page (optional) ► **387.00**

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 / 35
	<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) Narendra Singh, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 09 / 2011
	Mailing Address 6350 Haddington Ln	Transaction ID: 4DA9A91B5B5FADAFDBD5
	City State Zip Code Johns Creek GA 30024-5304	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Atlanta Heart Specialists ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.62	

B.	Full Name (Last, First, Middle Initial) George L. Smith, Jr., M.D.,	Date of Receipt MM / DD / YYYY 07 / 12 / 2011
	Mailing Address 3536 Mendocino Ave Ste 200	Transaction ID: B3AEEEE600922E8CA4D
	City State Zip Code Santa Rosa CA 95403-3634	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Northern California Medical Ass ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) Michael J. Springer, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 25 / 2011
	Mailing Address 803 Towner Pl	Transaction ID: 4624A1855FA158C64817
	City State Zip Code Louisville KY 40223-2568	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Medical Center Cardiologists ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

SUBTOTAL of Receipts This Page (optional)	1583.32
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 / 35
	<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) Suma A. Thomas, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 23 / 2011
	Mailing Address 7620 Old Georgetown Rd Apt 1214	Transaction ID: 4000AB61FD81019DA19E
	City State Zip Code Bethesda MD 20814-6182	Amount of Each Receipt this Period 208.34
	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 ▼ 833.36	

B.	Full Name (Last, First, Middle Initial) Juan Villafane, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 19 / 2011
	Mailing Address 1400 Willow Ave 1205	Transaction ID: 4AF0B124AAA25E78729B
	City State Zip Code Louisville KY 40204-2506	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation PEDIATRICS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

C.	Full Name (Last, First, Middle Initial) Thad F. Waites, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 19 / 2011
	Mailing Address 1017 Richburg Rd	Transaction ID: 44B18E02153642BA2D36
	City State Zip Code Hattiesburg MS 39402-9055	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Southern Heart Center Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 637.00	

SUBTOTAL of Receipts This Page (optional)	382.68
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 30 / 35
	<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) Howard T. Walpole, Jr., M.D.,	Date of Receipt MM / DD / YYYY 07 / 12 / 2011
	Mailing Address 31 Northumberland	Transaction ID: 49EBB0AB2C41979B4AB2
	City State Zip Code Nashville TN 37215-4123	Amount of Each Receipt this Period 416.67
	FEC ID number of contributing federal political committee. C	
Name of Employer Saint Thomas Health Services	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.35	

B.	Full Name (Last, First, Middle Initial) Mary Norine Walsh, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 29 / 2011
	Mailing Address 428 W 83rd PI	Transaction ID: 4815B93A91C1AD90F9CA
	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 St Vincent Heart Center of Indiana	Occupation HEART FAILURE/TRANSPLANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

C.	Full Name (Last, First, Middle Initial) Michael C. Widmer, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 31 / 2011
	Mailing Address 2753 NE Red Oak Dr	Transaction ID: 40718518615B01ADC0FD
	City State Zip Code Bend OR 97701-8348	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
Name of Employer Heart Center Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	

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 31 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

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

Mailing Address 876 Park Ave

City	State	Zip Code
New York	NY	10075-1832

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

Name of Employer New York Cardiology Associates	Occupation ADULT CARDIOLOGY
--	--------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2011

Transaction ID: 4ED6AE113EB4F572A07C

Amount of Each Receipt this Period
125.00

B.

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

Mailing Address 1038 S Carmelina Ave

City	State	Zip Code
Los Angeles	CA	90049-5810

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

Name of Employer Pacific Heart Institute	Occupation ADULT CARDIOLOGY
---	--------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2011

Transaction ID: 445A8227BB372C16EB40

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Lambert A. Wu, M.D., F.A.

Mailing Address 1524 NW Grove Ave

City	State	Zip Code
Topeka	KS	66606-1234

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

Name of Employer Cotton O'Neil Heart Center	Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY
--	---

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04
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Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2011

Transaction ID: 43BE85B5B852EDFBC65B

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ▶

458.34

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 32 / 35
(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) Janet Fredal Wyman, MSN, NP, A		Date of Receipt																					
	Mailing Address 960 Westchester Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	6		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	6		2	0	1	1														
	City	State	Zip Code		Transaction ID: 4E97A5DFFA9CEf3BEED1																			
Grosse Pointe Park	MI	48230-1830																						
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> </tr> </table>		C	Amount of Each Receipt this Period																			
C																								
<table border="1"> <tr> <td>83.33</td> </tr> </table>		83.33																						
83.33																								
Name of Employer Henry Ford Hospital		Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>416.65</td> </tr> </table>			416.65																			
416.65																								

SUBTOTAL of Receipts This Page (optional)	83.33
TOTAL This Period (last page this line number only)	22374.65

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 33 / 35	
	(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		<input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Richmond	VA	23285-5024
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: AB6549F0C452D36793B Amount of Each Receipt this Period <input type="text" value="680.86"/> Reimbursement for June Am- ex Fees and July Merchant Fees
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="9159.78"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="680.86"/>
TOTAL This Period (last page this line number only)	<input type="text" value="680.86"/>

**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 34 / 35

<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

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

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

A. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement July 2011 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: V76A9CCDA666E5DF56AE Date of Disbursement 07 / 31 / 2011
	Amount of Each Disbursement this Period 68.73
	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 July 2011 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: M0FCA3CC16DF233D29C2 Date of Disbursement 07 / 05 / 2011
	Amount of Each Disbursement this Period 517.14
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

585.87

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

585.87

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Selvyn B. Bleifer, M.D., F.A.

Transaction ID: 4339C09E44326B7EB79

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	1

Mailing Address 414 N Camden Dr
Ste 1100

City Beverly Hills State CA Zip Code 90210-4517

Amount of Each Disbursement this Period

365.00

Purpose of Disbursement
Refund of Duplicate Contribution

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

365.00

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

365.00
