

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 10 01 2009 through 10 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carlton G. Davids

Signature of Treasurer Electronically Filed by Carlton G. Davids Date 11 20 2009

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

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

A. Form/Schedule : **F3XN**

Transaction ID :

The 10/31/06 Independent Expenditure for 225 dollars was never cashed. So the PAC has voided the outstanding check, and reissued a new check to the American College of Cardiology. The new check was cashed on 11/3/09. Both the voided check and the new check are included in this report.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		142721.36
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	211426.29									
(c) Total Receipts (from Line 19)	44700.48	508034.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	256126.77	650755.68								
7. Total Disbursements (from Line 31)	9794.06	404422.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	246332.71	246332.71								
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

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	36816.90	420336.77
(ii) Unitemized	5045.99	73984.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	41862.89	494321.53
(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)	41862.89	494321.53
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)	2837.59	13712.79
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))	44700.48	508034.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44700.48	508034.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2294.06	13422.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2294.06	13422.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	386500.00
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	4500.00	4500.00
(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))	4500.00	4500.00
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))..	9794.06	404422.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9794.06	404422.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	41862.89	494321.53
34. Total Contribution Refunds (from Line 28(d))	4500.00	4500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37362.89	489821.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2294.06	13422.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	2837.59	13712.79
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-543.53	-289.82

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 54
(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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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)
Harry R. Aldrich, M.D., F.A.
Mailing Address 1220 Placetes Avenue

City State Zip Code
Miami FL 33146-3243

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

Name of Employer Self-Employed Occupation
ECHOCARDIOGRAPHY

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 3862A08CB37EB1B533F

Amount of Each Receipt this Period
365.00

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

City State Zip Code
Buffalo Grove IL 60089-4695

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

Name of Employer North Shore Cardiologists, SC Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 450C9DAD2B3B2A19AA3C

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Rene J. Alvarez, Jr., M.D.
Mailing Address 425 McKean Drive

City State Zip Code
Wexford PA 15090-7327

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

Name of Employer University of Pittsburgh Medical Cente Occupation
HEART FAILURE/TRANSPLANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 819.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: 4D6B9E327BD13BF81178

Amount of Each Receipt this Period
91.00

SUBTOTAL of Receipts This Page (optional) ► **656.00**

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 / 54
	(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) Linda D. Barrasse, M.D., F.A.	Date of Receipt MM / DD / YYYY 10 / 22 / 2009
	Mailing Address 746 Jefferson Avenue Suite 305	Transaction ID: 712CD965371E03A4445
	City State Zip Code Scranton PA 18510-1639	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Great Valley Cardiology CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Timothy M. Bateman, M.D., F.A.	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 3410 West 89th Street	Transaction ID: 44B6A4ACF4DF17E26D82
	City State Zip Code Leawood KS 66206-1629	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Cardiovascular Consultants, PC ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) Eric R. Bates, M.D., F.A.	Date of Receipt MM / DD / YYYY 10 / 28 / 2009
	Mailing Address 840 Cherrystone Court 1500 E Medical Center Drive Space	Transaction ID: 4B06AC191904A61F66D6
	City State Zip Code Ann Arbor MI 48105-3038	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation University of Michigan Hospitals and H INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

SUBTOTAL of Receipts This Page (optional)	384.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 9 / 54
(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)
Norman E. Bennett, M.D., F.A.
 Mailing Address Suite 300
1001 Southeast Monterey Commons Bou
 City State Zip Code
Stuart FL 34996-3329
 Date of Receipt
MM / DD / YYYY
10 / 22 / 2009
Transaction ID: 4764AFE776DFCCE168C
 Amount of Each Receipt this Period
1000.00
 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) ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
A. James Bradley, M.D., F.A.
 Mailing Address 1001 Monterey Commons Boulevard
 City State Zip Code
Stuart FL 34996-3329
 Date of Receipt
MM / DD / YYYY
10 / 22 / 2009
Transaction ID: E6D9816C5122D02F034
 Amount of Each Receipt this Period
1000.00
 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) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
Ralph Brindis, M.D., M.P.
 Mailing Address 1410 Monterey Blvd
 City State Zip Code
San Francisco CA 94127-2554
 Date of Receipt
MM / DD / YYYY
10 / 03 / 2009
Transaction ID: 46C196C5FDF9FCDD6783
 Amount of Each Receipt this Period
100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Oakland Kaiser Medical Center INTERVENTIONAL CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

SUBTOTAL of Receipts This Page (optional) ► 2100.00
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 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Alan S. Brown, M.D., F.A.
 Mailing Address 1912 Alta Vista Court
801 S Washington Street
 City Naperville State IL Zip Code 60563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Heart Specialists-Edward Heart Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 10 / 30 / 2009
Transaction ID: 4E8F90D7E8670737A7D0
 Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
John M. Burks, M.D., F.A.
 Mailing Address 960 Hollywood Circle # 205
 City Williamsport State PA Zip Code 17701-3030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Williamsport Hospital Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 10 / 22 / 2009
Transaction ID: 44095A00445A780E740
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Joseph G. Cacchione, M.D., F.A.
 Mailing Address 5740 Hickory Knoll Court
 City Fairview State PA Zip Code 16415-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Vincent Health Center Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00
 Date of Receipt 10 / 13 / 2009
Transaction ID: 4AD2BD0B34C6CA5B5377
 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ► 475.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 54
	<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) Linda P. Calhoun, M.D., F.A.	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 106 Chimney Lane	Transaction ID: 70E0AE22FCF7B90FBA3
	City State Zip Code Wilmington NC 28409-4908	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Wilmington Cardiology PLLC CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Paul N. Casale, M.D., F.A.	Date of Receipt MM / DD / YYYY 10 / 22 / 2009
	Mailing Address 1056 Buchanan Avenue	Transaction ID: 89B1E077F6D66F12757
	City State Zip Code Lancaster PA 17603-3103	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Heart Group ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Suresh Chandrasekaran, M.B.B.S.,	Date of Receipt MM / DD / YYYY 10 / 22 / 2009
	Mailing Address 11625 Old Mill Road	Transaction ID: D363B432203F339769F
	City State Zip Code Oklahoma City OK 73131-7521	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self-Employed ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 54
	<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) Hollace D. Chastain, II, M.D.,		Date of Receipt MM / DD / YYYY 10 / 30 / 2009		
	Mailing Address 1819 Breamar Drive		Transaction ID: 4A77B043757C9A96106A		
	City Fort Wayne	State IN	Zip Code 46814-9364	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00			

B.	Full Name (Last, First, Middle Initial) Ranjiv S. Choudhary, B.M., F.A.		Date of Receipt MM / DD / YYYY 10 / 26 / 2009		
	Mailing Address 3220 Camino Del Sur		Transaction ID: 641F4A91-EE07-4717-		
	City Lancaster	State CA	Zip Code 93536-2835	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Antelope Valley Cardiology Associates	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Bernard A. Clark, III, M.D.,		Date of Receipt MM / DD / YYYY 10 / 29 / 2009		
	Mailing Address 114 Woodland Street		Transaction ID: 4D18BF822888755FFC33		
	City Hartford	State CT	Zip Code 06105-1208	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St. Francis Hospital and Medical Cente	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00			

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Lianna S. Collinge, CAE		Date of Receipt MM / DD / YYYY 10 / 28 / 2009		
	Mailing Address 4014 88th Avenue Northwest		Transaction ID: 4240A15FB3701527EA59		
	City Gig Harbor	State WA	Zip Code 98335-6157	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Washington Chapter of the ACC		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00			

B.	Full Name (Last, First, Middle Initial) George H. Crossley, III, M.D.,		Date of Receipt MM / DD / YYYY 10 / 09 / 2009		
	Mailing Address 276 Stratton Court		Transaction ID: 45FC9AE5902A44E9D785		
	City Brentwood	State TN	Zip Code 37027-4228	Amount of Each Receipt this Period 167.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St. Thomas Heart		Occupation ELECTROPHYSIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3169.00			

C.	Full Name (Last, First, Middle Initial) John U. Doherty, M.D., F.A.		Date of Receipt MM / DD / YYYY 10 / 22 / 2009		
	Mailing Address 432 Pine Street		Transaction ID: 141E21E248F97C09899		
	City Philadelphia	State PA	Zip Code 19106-4214	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	1002.00
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 / 54
(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)
Amy M. Eversole, M.D., F.A.

Mailing Address 1001 SE Monterey Commons Blvd. Ste

City State Zip Code
Stuart FL 34996-3329

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

Name of Employer Stuart Cardiology Group Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: B8FDEBE4337F3A6BBAD

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Chester Falterman, M.D., F.A.

Mailing Address 503 East Bell Street Suite 103

City State Zip Code
Murfreesboro TN 37130-3052

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: 416B86D121F900B44B01

Amount of Each Receipt this Period
83.33

C.

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

Mailing Address 5 Willow Way

City State Zip Code
Florham Park NJ 07932-1726

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 Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 0E5FB1404B861EAAB79

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1083.33**

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 15 / 54
(check only one)

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

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

A.

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

Mailing Address 6 Cascades Drive
1900 Maryland

City Little Rock State AR Zip Code 72212-3306

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 06 / 2009
Transaction ID: 47CBADC942382B100423

Amount of Each Receipt this Period 84.00

B.

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

Mailing Address 30 Tomahawk Trl N

City Wakefield State RI Zip Code 02879-2015

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

Name of Employer S County Cardiology Assocs Inc
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2009
Transaction ID: 75775932BA21D119C82

Amount of Each Receipt this Period 750.00

C.

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

Mailing Address 504 Colonial Avenue

City Westfield State NJ Zip Code 07090-3011

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

Name of Employer Associates in Cardiovascular Disease
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2009
Transaction ID: D7260D1385DCA23AB1F

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **1334.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 54
(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)
Kevin Fitzpatrick

Mailing Address 1441 Windrow Lane

City State Zip Code
Yardley PA 19067

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

Name of Employer Self-Employed
Occupation Cardiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: 495D955588DB12BAE066

Amount of Each Receipt this Period
85.00

B.

Full Name (Last, First, Middle Initial)
Kathleen B. Flood

Mailing Address 9111 Old Georgetown Road

City State Zip Code
Bethesda MD 20814-1616

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

Name of Employer American College of Cardiology
Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 9

Transaction ID: 414BAFFCA4CF1348BC8B

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Eduardo D. Flores, M.D., F.A.

Mailing Address 2310 N Ed Carey Drive - Suite 1A

City State Zip Code
Harlingen TX 78550-8200

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

Name of Employer Heart Clinic, Inc.
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 6614EA4BC0C7C365B6C

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **550.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 54
(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)
Perry A. Frankel, M.D., F.A.

Mailing Address 6 Fairway Road

City Roslyn State NY Zip Code 11576-1011

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 19 / 2009

Transaction ID: 4289957B63A5295857F7

Amount of Each Receipt this Period 100.00

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

Mailing Address 5 East High Point Road

City Stuart State FL Zip Code 34996-7003

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

Name of Employer Stuart Cardiology Group Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2009

Transaction ID: 2DE1FC74083BAB572C8

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Gerrie Gardner, D.O., F.A.

Mailing Address 2693 Ford Road

City Cheyenne State WY Zip Code 82009-8509

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 22 / 2009

Transaction ID: 461BB8576C787BB610E

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 54
	<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) Cathy Gates	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 17500 Ashton Forest Terrace	Transaction ID: 460982DA9BE00622F2F8
	City State Zip Code Sandy Spring MD 20860-3009	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
Name of Employer American College of Cardiology	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

B.	Full Name (Last, First, Middle Initial) Carl J. Gessler, Jr., M.D.,	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 9
	Mailing Address 930 Franklin Street	Transaction ID: 2D2C333D1D6DF8C8D0A
	City State Zip Code Huntsville AL 35801-4312	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Heart Center, PCATTN: Accounts Pay	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Robert W. Godley, M.D., F.A.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 9
	Mailing Address 4500 N Washington Road	Transaction ID: F9BC3CB315DC765B44D
	City State Zip Code Fort Wayne IN 46804-1830	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1333.34
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 19 / 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Samuel D. Goldberg, M.D., F.A.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 9
	Mailing Address 8512 Atwell Road	Transaction ID: 45A68213330F3A72BB0D
	City Potomac State MD Zip Code 20854-6234	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Maryland Heart, P.C. Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Thomas B. Gore, M.D., F.A.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 9
	Mailing Address 106 Clubview Drive	Transaction ID: B4A6DCB7BA312D8BF81
	City Lagrange State GA Zip Code 30240-1001	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Lee W. Gould, M.D., F.A.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	Mailing Address 3865 Country Club Drive	Transaction ID: 4FCD873063C2A6A8EC6A
	City Lewiston State ID Zip Code 83501-9622	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	854.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 54
(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 R. Harper, Jr., M.D.,
Mailing Address 1725 New Hanover Medical Park

City State Zip Code
Wilmington NC 28403-5345

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 ▼ 716.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9
Transaction ID: E44BAAE38A33FA86CBD
Amount of Each Receipt this Period 358.00

B. Full Name (Last, First, Middle Initial)
James R. Harper, Jr., M.D.,
Mailing Address 1725 New Hanover Medical Park

City State Zip Code
Wilmington NC 28403-5345

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 ▼ 716.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 9
Transaction ID: FC7203CF786D0FD5294
Amount of Each Receipt this Period 358.00

C. Full Name (Last, First, Middle Initial)
Brian P. Hearon, M.D., F.A.
Mailing Address 1771 Tate Boulevard Southeast Suit

City State Zip Code
Hickory NC 28602-4250

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

Name of Employer Occupation
Hickory Cardiology/Western Piedmont He ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9
Transaction ID: 2616B72A5AF5CF27530
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **966.00**

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 / 54
(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)
Robert N. Hibbard, M.D., F.A.

Mailing Address 4951 Gleneagle Court

City Lincoln State NE Zip Code 68526-9551

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

Name of Employer Bryan LGH Heart Institute Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2009

Transaction ID: CAA94415C1B5389C8BA

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
J. Chris Higgins, M.D., F.A.

Mailing Address 35 Edgewood Road

City Cornwall State VT Zip Code 05753-8537

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

Name of Employer Champlain Valley Cardiovascular Associ Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2009

Transaction ID: B6147A3F2790945B0D0

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 11 Salt Creek Lane #2

City Hinsdale State IL Zip Code 60521-3032

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 ▼ 700.00

Date of Receipt 10 / 09 / 2009

Transaction ID: 4A918EA27FDD8EE7992D

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David R. Holmes, Jr., M.D.,	Date of Receipt MM / DD / YYYY 10 / 13 / 2009
	Mailing Address 1122 21st Street, Northeast	Transaction ID: 4440AEA32761F2A1EF80
	City State Zip Code Rochester MN 55906-4059	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Mayo Clinic	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

B.	Full Name (Last, First, Middle Initial) Juan M. Igartua Ponton, M.D., F.A.	Date of Receipt MM / DD / YYYY 10 / 22 / 2009
	Mailing Address Inst. San Pablo, Suite 401	Transaction ID: 2DB99CF6B1FBFF0DA85
	City State Zip Code Bayamon PR 00961	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

C.	Full Name (Last, First, Middle Initial) C David Joffe, M.D., F.A.	Date of Receipt MM / DD / YYYY 10 / 11 / 2009
	Mailing Address 1530 Needmore Rd	Transaction ID: 4722914BF3D3113690B1
	City State Zip Code Dayton OH 45414-3969	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Dayton Heart Center, Inc.	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 348.00	

SUBTOTAL of Receipts This Page (optional)	198.00
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 / 54
	<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) Shahabuddin Khan, M.D., F.A.		Date of Receipt MM / DD / YYYY 10 / 20 / 2009		
	Mailing Address 7619 Victory Gallup Street		Transaction ID: 4A90A461444A54032E53		
	City Las Vegas	State NV	Zip Code 89131-4125	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nevada Heart & Vascular Center	Occupation INTERVENTIONAL CARDIOLOGY	Aggregate Year-to-Date 756.00		

B.	Full Name (Last, First, Middle Initial) Oscar Kidd, M.D., F.A.		Date of Receipt MM / DD / YYYY 10 / 22 / 2009		
	Mailing Address PO Box 2017 Pmb 586		Transaction ID: F82007477D30715D6F3		
	City Las Piedras	State PR	Zip Code 00771-2017	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Centro Cardiovascular Las Piedras	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 365.00		

C.	Full Name (Last, First, Middle Initial) Paul Kligfield, M.D., F.A.		Date of Receipt MM / DD / YYYY 10 / 17 / 2009		
	Mailing Address 434 East 52nd Street 525 E 68th Street		Transaction ID: 4DDE87DBE9F70EF0C264		
	City New York	State NY	Zip Code 10022-6402	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cornell Medical Center	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 293.34		

SUBTOTAL of Receipts This Page (optional)	491.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 54
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
John J. Layden, M.D., F.A.

Mailing Address 29 Honney Hollow

City State Zip Code
Queensbury NY 12804-9117

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

Name of Employer Occupation
Adirondack Cardiology Ass- ADULT CARDIOLOGY
oc., PC

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: FE2469E0DE72BECF61B

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 11706 Split Tree Circle

City State Zip Code
Potomac MD 20854-2880

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

Name of Employer Occupation
Montgomery General Hospit- ADMINISTRATION
al

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 819.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: 460885AEEC41AF00984D

Amount of Each Receipt this Period
91.00

C.

Full Name (Last, First, Middle Initial)
Lance Lewis, M.D., F.A.

Mailing Address 1725 New Hanover Medical Park Driv

City State Zip Code
Wilmington NC 28403-5345

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

Name of Employer Occupation
Wilmington Cardiology/New INTERVENTIONAL CARDIOLOGY
Hanover Regi

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 358.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 8AAAEA098855D939E3F

Amount of Each Receipt this Period
358.00

SUBTOTAL of Receipts This Page (optional) ► 1449.00

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 / 54
(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 Southwest Hewett Boulevard

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 ▼
583.38

Date of Receipt
MM / DD / YYYY
10 / 09 / 2009

Transaction ID: 477D9F24AD05987C1F52

Amount of Each Receipt this Period
83.34

B.

Full Name (Last, First, Middle Initial)
Neal Lippman, M.D., F.A.

Mailing Address 93 Cliffmore Road

City State Zip Code
West Hartford CT 06107-1142

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

Name of Employer Arrhythmia Consults. of Connecticut
Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2009

Transaction ID: A17B3C67CBD9354E1A0

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 131 E Kings Highway, Casa Alegre

City State Zip Code
San Antonio TX 78212-2961

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

Name of Employer Alamo Heart Associates
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.62

Date of Receipt
MM / DD / YYYY
10 / 28 / 2009

Transaction ID: 4C6CA00ACF31424B6FDC

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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 / 54
(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)
Jerre Lutz, M.D., F.A.
Mailing Address 4627 Shiloh Ridge Trl
City State Zip Code
Snellville GA 30039-8572
FEC ID number of contributing federal political committee. **C**
Name of Employer Emory University School of MedicineDep Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 22 / 2009
Transaction ID: A16A869B91C6EA5CDA7
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Michael S. Lux, M.D., F.A.
Mailing Address 21 Mattben Drive
City State Zip Code
Warren NJ 07059-7142
FEC ID number of contributing federal political committee. **C**
Name of Employer Associates in Cardiovascular Disease Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 10 / 22 / 2009
Transaction ID: D0308E509FFAE7832F6
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
James D. Maloney, M.D., F.A.
Mailing Address 1587 Bell Road
City State Zip Code
Chagrin Falls OH 44022-4242
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 10 / 22 / 2009
Transaction ID: 8C9EE09AB7F64F96081
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 27 / 54
(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)
Stephen E. McIntyre, M.D.
Mailing Address 2513 Southwest 98th Drive
City Gainesville State FL Zip Code 32608-8677
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 22 / 2009
Transaction ID: A97CE2C90DE1657D975
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Margo B. Minissian, ACNP-BC, M
Mailing Address 444 S San Vicente Boulevard Suite
City Los Angeles State CA Zip Code 90048-4174
FEC ID number of contributing federal political committee. **C**
Name of Employer Cedars Sinai Womens Heart Center Occupation PREVENTIVE CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00
Date of Receipt 10 / 15 / 2009
Transaction ID: 41E2AF4D1F760FF5E921
Amount of Each Receipt this Period 84.00

C. Full Name (Last, First, Middle Initial)
Michael J. Mirro, M.D., F.A.
Mailing Address 2005 Prestwick Lane
City Fort Wayne State IN Zip Code 46814-9317
FEC ID number of contributing federal political committee. **C**
Name of Employer Fort Wayne Cardiology Corporation Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 30 / 2009
Transaction ID: 45D38769C9E997BA2F4E
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 1184.00
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 28 / 54
(check only one)

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

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

A.

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

Mailing Address 1001 Southeast Monterey Commons Bo

City State Zip Code
Stuart FL 34996-3329

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: F3792C3BEF4993E58C2

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Mark T. Murphy, M.D., B.Ch

Mailing Address 5109 Nicholas Creek Circle

City State Zip Code
Wilmington NC 28409

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 ▼
358.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 153B1A5A530E658C959

Amount of Each Receipt this Period
358.00

C.

Full Name (Last, First, Middle Initial)
Hemantkumar M. Patel, M.D., F.A.

Mailing Address 2314 Tattersalls Drive

City State Zip Code
Wilmington NC 28403-8017

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

Name of Employer Wilmington Cardiology, PL-LC Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
358.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 69A0A0D150A75F73CE6

Amount of Each Receipt this Period
358.00

SUBTOTAL of Receipts This Page (optional) ► **1716.00**

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 29 / 54
(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)
Ross C. Peterson, M.D., F.A.

Mailing Address 4205 Woodbrook Landing

City State Zip Code
Erie PA 16506-7017

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

Name of Employer Consultants in Cardiovascular Diseases
Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
819.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 9

Transaction ID: 43BBA5925988731007EA

Amount of Each Receipt this Period
91.00

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

Mailing Address 1638 Escalante Way

City State Zip Code
Burlingame CA 94010-5851

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 ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: EDB577889A3151C2FA3

Amount of Each Receipt this Period
200.00

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

Mailing Address 147 Newbrook Lane

City State Zip Code
Springfield NJ 07081-3022

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

Name of Employer Associates in Cardiovascular Disease
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 8007438802C2D3F0C9F

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **791.00**

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 30 / 54
(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)
Sanjiv Prasad, M.D., F.A.

Mailing Address 29 Alden Street Apt. 3B

City Cranford State NJ Zip Code 07016-5103

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

Name of Employer Associates in Cardiovascular Disease. Occupation ECHOCARDIOGRAPHY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2009

Transaction ID: A6746B58CAB42E17D3B

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Steven Priest, M.D., F.A.

Mailing Address 3222 W Riverside Dr

City Fort Myers State FL Zip Code 33901-6734

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

Name of Employer Florida Heart Associates. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 637.00

Date of Receipt 10 / 13 / 2009

Transaction ID: 4A99B635E0BA3ABBA8D7

Amount of Each Receipt this Period 91.00

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

Mailing Address 1100 Forrest Avenue

City Dover State DE Zip Code 19904-3309

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

Name of Employer Medical Office Building. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 14 / 2009

Transaction ID: F1CB4A8D3441B676FFF

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1591.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 54
	<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) Asif Rehman, M.B.B.S.,		Date of Receipt																					
	Mailing Address 83 Route 106		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	2		2	0	0	9														
	City State Zip Code Jericho NY 11753-1207		Transaction ID: F9408197BCB227174F8																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

B.	Full Name (Last, First, Middle Initial) Arthur Brian Reitman, M.D., F.A.		Date of Receipt																					
	Mailing Address 55 Witcher Street Suite 350		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	2		2	0	0	9														
	City State Zip Code Marietta GA 30060-1129		Transaction ID: B345EA08C5B3E2493A3																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Cardiovascular Medicine PC Occupation ADULT CARDIOLOGY																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

C.	Full Name (Last, First, Middle Initial) Roberto R. Roberti, M.D., F.A.		Date of Receipt																					
	Mailing Address 252 Kent Place Boulevard		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	2		2	0	0	9														
	City State Zip Code Summit NJ 07901-1219		Transaction ID: 3AD59C1FBBE63FE6590																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer Associates in Cardiovascular Disease Occupation ADULT CARDIOLOGY																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 54
	<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) George P. Rodgers, M.D., F.A.		Date of Receipt MM / DD / YYYY 10 / 16 / 2009		
	Mailing Address 2441 Westlake Drive		Transaction ID: 44788899CA50C5B0CF33		
	City Austin	State TX	Zip Code 78746-2950	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Biophysical Corporation	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 758.00			

B.	Full Name (Last, First, Middle Initial) Tudor M. Scridon, M.D.		Date of Receipt MM / DD / YYYY 10 / 22 / 2009		
	Mailing Address 1240 Indian Mound Trail		Transaction ID: 9BB22031C931878C716		
	City Vero Beach	State FL	Zip Code 32963-2345	Amount of Each Receipt this Period 365.00	
	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 ▼ 365.00			

C.	Full Name (Last, First, Middle Initial) Steven Sheris, M.D., F.A.		Date of Receipt MM / DD / YYYY 10 / 05 / 2009		
	Mailing Address 6 Essex Ct		Transaction ID: 6D2D8C6BC5F093124FD		
	City Livingston	State NJ	Zip Code 07039-3628	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Associates in Cardiovascular Disease	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	949.00
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 33 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John W. Shuck, M.D., F.A.

Mailing Address 1100 Forrest Ave

City State Zip Code
Dover DE 19904-3309

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

Name of Employer Occupation
Cardiology Consultants 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
1 0 / 1 4 / 2 0 0 9

Transaction ID: EBDD9E8964FFCD568A6

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dinesh K. Singal, M.D., F.A.

Mailing Address 10 Barrington Drive

City State Zip Code
Princeton Junction NJ 08550-2832

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

Name of Employer Occupation
Heart & Vascular Center of New Brunswi INTERVENTIONAL CARDIOLOGY

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: D4DB8122594D34E4156

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Delano R. Small, M.D., F.A.

Mailing Address 6502 Burtonwood Drive

City State Zip Code
West Bloomfield MI 48322-3243

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

Name of Employer Occupation
Heart Cardiology Consultants ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

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

Transaction ID: EB61194E5737F32DD8C

Amount of Each Receipt this Period

360.00

SUBTOTAL of Receipts This Page (optional)

1610.00

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 34 / 54
(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)
Vincent L. Sorrell, M.D., F.A.
Mailing Address PO Box 245037

City State Zip Code
Tucson AZ 85724-5037

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

Name of Employer Occupation
University of Arizona Section of Cardiology ADULT CARDIOLOGY

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 9
Transaction ID: 2DF605A82A540DAA214
Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Robert S. Spadafora, D.O., F.A.
Mailing Address 7865 East Stonecliff Circle

City State Zip Code
Mesa AZ 85207-1471

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9
Transaction ID: DDB16AF03CBDD5D3B84
Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Kurt D. Spriggs, D.O., F.A.
Mailing Address 3360 F 5/8th Road

City State Zip Code
Clifton CO 81520

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9
Transaction ID: DCBFE4BBAC205378982
Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 980.00

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 35 / 54
	<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) Donald N. Summers, M.D., F.A.		Date of Receipt
	Mailing Address 8 Pine Drive		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Port Washington	NY	11050-3404
	FEC ID number of contributing federal political committee. C		Transaction ID: 2AC90FAEF78E599F46B
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		ADULT CARDIOLOGY	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Kuldeep S. Talwar, M.D.		Date of Receipt
	Mailing Address 1407 Avondale Avenue		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Jacksonville	FL	32205-7820
	FEC ID number of contributing federal political committee. C		Transaction ID: 186F2D256BFA3B29EA0
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		ADULT CARDIOLOGY	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Suma Thomas, M.D., F.A.		Date of Receipt
	Mailing Address 388 Norfolk St		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Cambridge	MA	02139-1417
	FEC ID number of contributing federal political committee. C		Transaction ID: 9E79BA910257755598D
Name of Employer Self-Employed		Occupation	Amount of Each Receipt this Period
Self-Employed		ADULT CARDIOLOGY	<input type="text" value="1000.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 54
(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 C. Turner, M.D., F.A.

Mailing Address 5140 Highway 397

City State Zip Code
Bell City LA 70630-3105

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

Name of Employer Cardiovascular Specialists of Southwes
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: 4138B607E79FD269680D

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Arthur S. Ulatowski, D.O., F.A.

Mailing Address 36870 Broadstone Drive
Suite 301

City State Zip Code
Solon OH 44139-7040

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

Name of Employer Self-Employed
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: 5139EAAADDCB07F44A4

Amount of Each Receipt this Period
250.00

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

Mailing Address 2875 Southwest 53rd Street

City State Zip Code
Ocala FL 34471-9538

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

Name of Employer Ocala Interventional CardiologyORMC Ca
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 9

Transaction ID: 4C6D915EB4A07F9118B3

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ► **434.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 54
(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)
Rodney E. Utley, M.D., F.A.

Mailing Address 5313 Gran Paradiso Place Northwest

City State Zip Code
Issaquah WA 98027-7827

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

Name of Employer Valley Internal Medicine Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: D8714E91327D989E3AB

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1487 Langhorne Road
2410 Atherholt Road

City State Zip Code
Lynchburg VA 24503

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 819.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: 4A38A8E26EF36616CF40

Amount of Each Receipt this Period
91.00

C.

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

Mailing Address 2817 E Ludlow Drive

City State Zip Code
Phoenix AZ 85032-5665

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 352.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 9

Transaction ID: 45E6B92EC7BAD4590D8B

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ► **425.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 54
	<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)
Juan Villafane, M.D., F.A.

Mailing Address 731E Broadway

City State Zip Code
Louisville KY 40202

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

Name of Employer
Childrens Heart Specialists, P.S.C. Pe

Occupation
PEDIATRICS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.38

Date of Receipt
MM / DD / YYYY
10 / 09 / 2009

Transaction ID: 48B6A60682F801EC4026

Amount of Each Receipt this Period
83.34

B.

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

Mailing Address 1017 Richburg Rd

City State Zip Code
Hattiesburg MS 39402-9055

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

Name of Employer
Southern Heart Center

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
869.00

Date of Receipt
MM / DD / YYYY
10 / 03 / 2009

Transaction ID: 42ED85307D9B71CB9B55

Amount of Each Receipt this Period
91.00

C.

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

Mailing Address 1926 Collingswood Rd

City State Zip Code
Columbus OH 43221-3740

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

Name of Employer
Columbus Cardiology Consultants Inc

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2009

Transaction ID: 9E6F4AFA3894D8A99AA

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **424.34**

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 39 / 54
	<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) Howard Walpole, Jr., M.D.,		Date of Receipt MM / DD / YYYY 10 / 03 / 2009
Mailing Address 31 Northumberland		Transaction ID: 4A589451FDB5CF7F466F
City Nashville	State Zip Code TN 37215-4123	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 454.55
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 ▼ 4090.95	

B.

Full Name (Last, First, Middle Initial) Mary Norine Walsh, M.D., F.A.		Date of Receipt MM / DD / YYYY 10 / 29 / 2009
Mailing Address 428 West 83rd Place		Transaction ID: 4E2EAC18B79E71A37CB4
City Indianapolis	State Zip Code IN 46260-4905	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer The Care Group LLC	Occupation HEART FAILURE/TRANSPLANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

C.

Full Name (Last, First, Middle Initial) Michael L. Weinrauch, M.D., F.A.		Date of Receipt MM / DD / YYYY 10 / 22 / 2009
Mailing Address 61 Silver Spring Road		Transaction ID: 322C0664748CF2896E5
City Short Hills	State Zip Code NJ 07078-3120	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1054.55
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 54
(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)
Robert C. Wesley, Jr., M.D.,

Mailing Address 2675 Windmill Parkway Apt. 1921

City Henderson State NV Zip Code 89074-1941

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 ▼ 588.00

Date of Receipt 10 / 09 / 2009
Transaction ID: 4B96B1A793068C48929A
Amount of Each Receipt this Period 84.00

B. Full Name (Last, First, Middle Initial)
Steven R. West, M.D., F.A.

Mailing Address 15636 Fiddlesticks Boulevard
13411 Parker Commons Boulevard, Su

City Fort Myers State FL Zip Code 33912-3901

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

Name of Employer Cardiology Consultants of Southwest Fl Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2009
Transaction ID: 454294EEEE2837DEA608A
Amount of Each Receipt this Period 100.00

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

Mailing Address 30 High Street

City Mystic State CT Zip Code 06355-2402

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

Name of Employer Pfizer Central Research Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2009
Transaction ID: 4F75805A51809634C870
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 234.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 54
	<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 C. Widmer, M.D., F.A.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 9
	Mailing Address 2753 Northeast Red Oak Drive	Transaction ID: 4BF0B1B043B6E907D079
	City State Zip Code Bend OR 97701-8348	Amount of Each Receipt this Period 91.00
	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 ▼ 1069.00	

B.	Full Name (Last, First, Middle Initial) William W. Wilson, M.D., F.A.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 9
	Mailing Address 7138 E Tanglewood Road-92	Transaction ID: 0F6042796CDD3C70509
	City State Zip Code Roanoke IN 46783-9251	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Richard A. Wolf, M.D., F.A.	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 9
	Mailing Address 1324 Northridge Terrace	Transaction ID: A581155980326E2FADC
	City State Zip Code Joplin MO 64801-9547	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer St. John's Mercy Clinics Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	956.00
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 42 / 54

(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 Avenue

City State Zip Code
New York NY 10075-1843

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

Name of Employer Occupation
New York Cardiology Associates ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 750.05

Date of Receipt

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

Transaction ID: 4D10A9B263CBF6D88EA8

Amount of Each Receipt this Period
83.34

B.

Full Name (Last, First, Middle Initial)

Richard F. Wright, M.D., F.A.

Mailing Address 1038 South Carmelina Avenue
2001 Santa Monica Boulevard

City State Zip Code
Los Angeles CA 90049

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

Name of Employer Occupation
Pacific Heart Institute ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: 49A68C5049C9F553BEDA

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)

Janet F. Wyman, MSN, APRN,

Mailing Address 960 Westchester

City State Zip Code
Grosse Pointe Park MI 48230-1830

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

Name of Employer Occupation
Henry Ford Hospital CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt

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

Transaction ID: 7E0681197EC3A2F2914

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

533.34

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 43 / 54	
	(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) Shawn Yazdani, M.D., F.A.		Date of Receipt	
	Mailing Address 8100 Ashton Ave Ste 200		M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 43BF8501B82739CBA8B5
	Manassas	VA	20109-5688	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		84.00	
Name of Employer Virginia Cardiovascular Associates, PC		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 756.00		

SUBTOTAL of Receipts This Page (optional)	84.00
TOTAL This Period (last page this line number only)	36816.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 54
	(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"/> 14
<input type="checkbox"/> 15	<input checked="" 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="10"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="13712.79"/>	Transaction ID: 0EEBC78749CBCB4248E Amount of Each Receipt this Period <input type="text" value="2837.59"/> Reimburse. for September Amex and October Merchant Fees

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2837.59"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2837.59"/>

**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 45 / 54

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement October 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: V40E25F317B9403AAE48 Date of Disbursement 10 / 31 / 2009
	Amount of Each Disbursement this Period 105.44
	<input type="text" value="001"/> Category/Type
	State: District:
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 October 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: M1B0F80D2FA7BADF11A3 Date of Disbursement 10 / 02 / 2009
	Amount of Each Disbursement this Period 2188.62
	<input type="text" value="001"/> Category/Type
	State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2294.06

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

2294.06

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Brian Bilbray for Congress</p> <p>Mailing Address 2466 Unicornio Street</p> <p>City Carlsbad State CA Zip Code 92009</p> <p>Purpose of Disbursement Voided 6/5/07 Disbursement</p> <p>Candidate Name Brian P. Bilbray</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 50</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4E6F1612DD9A6386EEF</p> <p>Date of Disbursement 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Coburn for Senate Committee</p> <p>Mailing Address PO Box 977 PO Box 977</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement Voided 9/11/06 Disbursement</p> <p>Candidate Name Tom A. Coburn</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9EFC807A7B3516EC0FA</p> <p>Date of Disbursement 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -1500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Florida Chapter, ACC</p> <p>Mailing Address 3208 East Colonial Drive Suite 264</p> <p>City Orlando State FL Zip Code 32803</p> <p>Purpose of Disbursement In-Kind 2010 Primary</p> <p>Candidate Name Suzanne M. Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: VB4C66DD2C2E171C9126</p> <p>Date of Disbursement 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>In-Kind</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Connie Mack</p> <p>Mailing Address PO Box 519 Pmb 388</p> <p>City Naples State FL Zip Code 34106</p> <p>Purpose of Disbursement Voided 5/25/07 Disbursement</p> <p>Candidate Name Connie Mack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 14</p>	<p>Transaction ID: 0D42458DAB193E9A5B9</p> <p>Date of Disbursement 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Weiner</p> <p>Mailing Address 1 Ascan Avenue #31 Suite 31</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement Voided 10/9/08 Disbursement</p> <p>Candidate Name Anthony D. Weiner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 09</p>	<p>Transaction ID: 2684C1940F87021067D</p> <p>Date of Disbursement 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Garamendi for Congress</p> <p>Mailing Address C/O California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426</p> <p>City Long Beach State CA Zip Code 90807</p> <p>Purpose of Disbursement 2010 Special</p> <p>Candidate Name John Raymond Garamendi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 10</p>	<p>Transaction ID: 4DF0820E2AFDE0206E1</p> <p>Date of Disbursement 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) John Lewis for Congress</p> <p>Mailing Address PO Box 2323</p> <p>City Atlanta State GA Zip Code 30301</p> <p>Purpose of Disbursement Voided 10/23/08 Disbursement</p> <p>Candidate Name John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8C5CFE3D2B99A2CF72D</p> <p>Date of Disbursement 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Kosmas for Congress</p> <p>Mailing Address PO Box 1547</p> <p>City New Smyrna Beach State FL Zip Code 32170</p> <p>Purpose of Disbursement Redesignation of 8/18/09 Contribution to the 2010 General</p> <p>Candidate Name Suzanne M. Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8E978FBA62D61F5CE83</p> <p>Date of Disbursement 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>[MEMO ITEM]</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Mikulski for Senate Committee</p> <p>Mailing Address P O B 13147</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Barbara A. Mikulski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4CDD3B4979BD0AED261</p> <p>Date of Disbursement 10 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 54

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

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

A. Full Name (Last, First, Middle Initial) Ron Lewis for Congress <hr/> Mailing Address PO Box 1825 <hr/> City Elizabethtown State KY Zip Code 42702 <hr/> Purpose of Disbursement Voided 11/6/07 Disbursement Candidate Name Ron Lewis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 477052223DC4F733B33 Date of Disbursement 10 / 20 / 2009
	Amount of Each Disbursement this Period -500.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Tammy Baldwin for Congress <hr/> Mailing Address PO Box 696 <hr/> City Madison State WI Zip Code 53701 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Tammy Baldwin <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDD76D56E9215349AFA Date of Disbursement 10 / 22 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

3000.00

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 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

<p>A. Full Name (Last, First, Middle Initial) Cardiovascular Consultants of Nevada, LLP</p> <p>Mailing Address 2300 Corporate Cir Ste 100</p> <p>City Henderson State NV Zip Code 89074-7725</p> <p>Purpose of Disbursement Partial Refund of 9/1/09 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8BF8D086615550834FC</p> <p>Date of Disbursement 10 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 4500.00</p> <p>010 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Shaheen N. Chowdhry, M.B.B.S.,</p> <p>Mailing Address 9605 Royal Lamb Drive</p> <p>City Las Vegas State NV Zip Code 89145-8685</p> <p>Purpose of Disbursement Partial Refund of 9/1/09 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: A4E8B14FE4C1322BE50</p> <p>Date of Disbursement 10 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM]</p> <p>010 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Herbert Cordero, M.D., F.A.</p> <p>Mailing Address 3316 Mist Court</p> <p>City Las Vegas State NV Zip Code 89135-2805</p> <p>Purpose of Disbursement Partial Refund of 9/1/09 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1CDD931A55CE231196B</p> <p>Date of Disbursement 10 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>[MEMO ITEM]</p> <p>010 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) Robert P. Croke, M.D., F.A.	Transaction ID: E33F3CC064DD18AED40 Date of Disbursement 10 / 13 / 2009
	Mailing Address 1000 N Green Valley Parkway Suite	Amount of Each Disbursement this Period 500.00
	City Henderson State NV Zip Code 89074-6170	[MEMO ITEM]
	Purpose of Disbursement Partial Refund of 9/1/09 Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B.	Full Name (Last, First, Middle Initial) Niuton S. Koide, M.D., F.A.	Transaction ID: 0DA9DA9FE0CB599D330 Date of Disbursement 10 / 13 / 2009
	Mailing Address 1616 Bayonne Drive	Amount of Each Disbursement this Period 500.00
	City Las Vegas State NV Zip Code 89134-6185	[MEMO ITEM]
	Purpose of Disbursement Partial Refund of 9/1/09 Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) Dhiraj D. Narula, M.D., F.A.	Transaction ID: 725A626DACFFAB03105 Date of Disbursement 10 / 13 / 2009
	Mailing Address 8378 Hidden Crossing Lane	Amount of Each Disbursement this Period 500.00
	City Las Vegas State NV Zip Code 89129-4892	[MEMO ITEM]
	Purpose of Disbursement Partial Refund of 9/1/09 Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) David L. Navratil, M.D., F.A.	Transaction ID: 144641AA131997988D3
	Mailing Address 1967 Davina Street	Date of Disbursement MM / DD / YYYY 10 / 13 / 2009
	City Henderson State NV Zip Code 89074-1026	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Partial Refund of 9/1/09 Contribution Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Cuong The Nguyen, M.D., F.A.	Transaction ID: E9BE3CD42654A5E4906
	Mailing Address 309 Onyx Crest Street	Date of Disbursement MM / DD / YYYY 10 / 13 / 2009
	City Las Vegas State NV Zip Code 89145-8710	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Partial Refund of 9/1/09 Contribution Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Erik J. Sirulnick, M.D., F.A.	Transaction ID: F63850DD6B502E05D94
	Mailing Address 928 Encorvado Street	Date of Disbursement MM / DD / YYYY 10 / 13 / 2009
	City Las Vegas State NV Zip Code 89138-4552	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Partial Refund of 9/1/09 Contribution Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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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)

Harry M. Thomas, Jr., M.D.,

Mailing Address 3004 Astoria Pines Circle

City Las Vegas State NV Zip Code 89107-3223

Purpose of Disbursement
Partial Refund of 9/1/09 Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: AC5B40FCBB820E067E9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American College of Cardiology Political Action Committee	FEC IDENTIFICATION NUMBER C C00375360
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
American College of Cardiology

Mailing Address
2400 N St NW

City	State	Zip Code
Washington	DC	20037

Purpose of Expenditure Voided 10/31/06 Disbursement	Category/ Type
--	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Nancy L. Johnson

Calendar Year-To-Date Per Election for Office Sought	19526.23
---	----------

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

Amount
-225.00

Transaction ID: VB590E7B425540D73272

Office Sought: House State: CT
 Senate District: 05
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2006

Full Name (Last, First, Middle, Initial) of Payee
American College of Cardiology

Mailing Address
2400 N St NW

City	State	Zip Code
Washington	DC	20037

Purpose of Expenditure Reissue of 10/31/06 Disbursement for Staff Hours for GOTV Program	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
Nancy L. Johnson

Calendar Year-To-Date Per Election for Office Sought	19526.23
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Date
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Amount
225.00

Transaction ID: V5676B4E867EEC4BB542

Office Sought: House State: CT
 Senate District: 05
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2006

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carlton Davids
Signature

Date M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 9