

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) 9111 Old Georgetown Road Bethesda MD 20814 Check if different than previously reported. (ACC)

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

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

5. Covering Period 08 01 2006 through 08 31 2006

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 Richard Goldberg

Signature of Treasurer Electronically Filed by Richard Goldberg Date 09 13 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		401220.04
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	402965.28									
(c) Total Receipts (from Line 19)	18186.65	169196.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	421151.93	570416.31								
7. Total Disbursements (from Line 31)	15110.22	164374.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	406041.71	406041.71								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	15116.33	136841.31
(i) Itemized (use Schedule A)	2870.00	23545.32
(ii) Unitemized	17986.33	160386.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17986.33	160386.63
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)	200.32	6809.64
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
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))	18186.65	169196.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18186.65	169196.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	204.43	6534.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	204.43	6534.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	154589.66
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	3250.00
29. Other Disbursements.....	-94.21	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))..	15110.22	164374.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15110.22	164374.60

DETAILED SUMMARY PAGE
of Disbursements

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)	17986.33	160386.63
34. Total Contribution Refunds (from Line 28(d))	0.00	3250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17986.33	157136.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	204.43	6534.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	200.32	6809.64
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4.11	-274.70

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
Peter Alagona

Mailing Address 145 Sparrow Road

City Hummelstown State PA Zip Code 17036

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

Name of Employer Milton S. Hershey Medical Center 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
0 8 / 1 1 / 2 0 0 6

Transaction ID: 19806-09650820493698

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jay Alexander

Mailing Address 2151 Waukegan Road #100

City Bannockburn State IL Zip Code 60015-1884

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

Name of Employer North Shore Cardiologists Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 3 0 / 2 0 0 6

Transaction ID: 091206-VUHF0B1A9BA3

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
C. Noel Bairey Merz

Mailing Address 16664 Cumbre Verde Court
444 S San Vicente Boulevard Suite

City Pacific Palisades State CA Zip Code 90048-4174

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

Name of Employer Cedars-Sinai Medical Center Women's Health Occupation PREVENTIVE CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 19806-54246157407761

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<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)
Timothy Bateman

Mailing Address 4330 Wornall Road Suite 2000

City State Zip Code
Kansas City MO 64111-5939

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

Name of Employer Cardiovascular Consultants, PC
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2006

Transaction ID: 091206-VUJF0B15BE81

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Alan Brown

Mailing Address 4th Floor Edwards Heart Hospital
801 S Washington Street

City State Zip Code
Naperville IL 60540-7430

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

Name of Employer Midwest Heart Specialists
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 091206-VUJF0B1A98E1

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Curtis Burnett

Mailing Address 16259 Sylvester Road Southwest Sui

City State Zip Code
Burien WA 98166-3059

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

Name of Employer Self-Employed
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: 19806-04732912778854

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<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

Full Name (Last, First, Middle Initial) A. Hollace Chastain		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 1819 Carew Street		Transaction ID: 091206-VUJF0B1A98D8	
City State Zip Code Fort Wayne IN 46805-4705	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 ▼ 800.00		

Full Name (Last, First, Middle Initial) B. Vijay Chilakamari		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 11011 Carnoustie Lane		Transaction ID: 19806-55151003599167	
City State Zip Code Fort Wayne IN 46814-9320	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Thomas Ciotola		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 141 North Vine Street		Transaction ID: 93540-99695986509324	
City State Zip Code Hazleton PA 18201-5852	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Associates of Greater Hazle	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) ▶	1350.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 28
	<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)
Bernard Clark

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

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

Name of Employer
St. Francis Hospital and Medical Center

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
08 / 29 / 2006

Transaction ID: 091206-VUHF0B15BE89

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Mark Cohen

Mailing Address 7267 Tarragon Lane

City State Zip Code
Indianapolis IN 46804-3851

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

Name of Employer
Fort Wayne Cardiology

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2006

Transaction ID: 93540-69787234067917

Amount of Each Receipt this Period
42.00

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

Mailing Address 4308 88th Ave NW

City State Zip Code
Gig Harbor WA 98335-6111

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

Name of Employer
Washington Chapter of the American Coll

Occupation
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
08 / 28 / 2006

Transaction ID: 93540-40380495786667

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	342.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 28
	<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)
Karen Collishaw

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 ADMINISTRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2006

Transaction ID: 091206-VUHF0B1A98E0

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Octavio Cosme-Montalvo

Mailing Address 1800 80th St. N

City State Zip Code
Saint Petersburg FL 33710-3706

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
08 / 28 / 2006

Transaction ID: 93540-98234194517136

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
James Dove

Mailing Address 7 E Shore Ln

City State Zip Code
Springfield IL 62712-8919

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

Name of Employer Prairie Cardiovascular Consultants, Lt
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
08 / 23 / 2006

Transaction ID: 00303-02587527036666

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 28
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Howard Eisen		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address Mail Stop 1012 245 N 15th Street		Transaction ID: 31062-56789797544479
City Philadelphia	State PA Zip Code 19102-1101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Drexel University College of Medicine	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. James Fasules		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address S3120 3rd Floor Sturgis Building 800 Marshall Street		Transaction ID: 091206-VUJF0B1A98DC
City Little Rock	State AR Zip Code 72202-3510	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Arkansas Children's HospitalPediatric	Occupation PEDIATRIC CARD.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

Full Name (Last, First, Middle Initial) C. Blair Foreman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 309 Sunset Street		Transaction ID: 93540-61376589536667
City Iowa City	State IA Zip Code 52803-2473	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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 ▼ 700.00	

SUBTOTAL of Receipts This Page (optional) ▶	642.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 28
	<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

Full Name (Last, First, Middle Initial) A. Michael Freed		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 48 Warren Street 300 Longwood Avenue		Transaction ID: 93540-53046816587448	
City State Zip Code Newton MA 02115-5724	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Children's Hospital	Occupation PEDIATRIC CARD.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Thomas Haffey		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6	
Mailing Address 7089 Orchard Street		Transaction ID: 19806-43430727720261	
City State Zip Code Arvada CO 80229-4367	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Kevin Hart		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 1819 Carew Street		Transaction ID: 93540-96343630552292	
City State Zip Code Fort Wayne IN 46805-4705	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fort Wayne Cardiology Corporation	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00		

SUBTOTAL of Receipts This Page (optional)	792.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 28
	<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

Full Name (Last, First, Middle Initial) A. Michael Honan		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 4329 Corinth Drive		Transaction ID: 00303-06989687681198	
City Birmingham	State AL	Amount of Each Receipt this Period 500.00	
Zip Code 35213-1836			
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiovascular Associates, P.C.	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. C. David Joffe		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 7067 Meeker Commons		Transaction ID: 93540-30045717954635	
City Dayton	State OH	Amount of Each Receipt this Period 50.00	
Zip Code 45414-3969			
FEC ID number of contributing federal political committee. C			
Name of Employer Dayton Heart Center, Inc.	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. David Keedy		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	
Mailing Address 2621 Lyter Court		Transaction ID: 31551-27645510435104	
City Lexington	State KY	Amount of Each Receipt this Period 500.00	
Zip Code 40513-1462			
FEC ID number of contributing federal political committee. C			
Name of Employer Lexington Clinic	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) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 28
	<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

Full Name (Last, First, Middle Initial) A. Predrag Knez		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006	
Mailing Address 3385 Burns Road Suite 205		Transaction ID: 31551-37403506040573	
City State Zip Code West Palm Beach FL 33410-4328	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Peter Linz		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 777 Jacqueline Court		Transaction ID: 93540-97672671079636	
City State Zip Code Encinitas CA 92024-6657	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer United States Navy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Randall Little		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 1120 S Jackson Hwy Ste 204		Transaction ID: 00303-67441958189011	
City State Zip Code Sheffield AL 35660-5770	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Heart Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 28
	<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

Full Name (Last, First, Middle Initial) A. Bruce Martin		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 422 Rehwinkel Road		Transaction ID: 93540-72037905454636	
City Crawfordville	State FL	Amount of Each Receipt this Period 500.00	
Zip Code 33484-6597			
FEC ID number of contributing federal political committee. C			
Name of Employer Boca Delray Cardiology Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. James McClamroch		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6	
Mailing Address 1111 Highway 6, #275		Transaction ID: 31551-76308840513230	
City Sugar Land	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 77478-4916			
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Michael Mirro		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 1819 Carew Street		Transaction ID: 091206-VUJF0B1A98DD	
City Fort Wayne	State IN	Amount of Each Receipt this Period 100.00	
Zip Code 46805-4705			
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 ▼ 800.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 28
	<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

Full Name (Last, First, Middle Initial) A. Pradip Mishra		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6	
Mailing Address 280 Deerwood Road		Transaction ID: 19806-06979006528854	
City State Zip Code Clarksville TN 37043-7401	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology associates of clarksville	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Michael Mowdy		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 3025 Brush Creek Road		Transaction ID: 93540-24459475278854	
City State Zip Code Oklahoma City OK 73119-7028	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiovascular Disease Specialist	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) C. Charn Nandra		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 100 Welday Ave		Transaction ID: 00303-30872744321823	
City State Zip Code Wintersville OH 43953-3779	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tristate Medical Center	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) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 28
	<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)
Frank Navetta

Mailing Address 619 S Fleishel Avenue Suite 101

City State Zip Code
Tyler TX 75701-2004

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

Name of Employer Occupation
Tyler Inpatient Management Serv ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2006

Transaction ID: 091206-VUJF0B20D6A5

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Anilkumar Patel

Mailing Address 64 Inlets Boulevard

City State Zip Code
Nokomis FL 34275-4104

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
08 / 03 / 2006

Transaction ID: 31062-23147219419479

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Sterling Reese

Mailing Address 145 Hospital Avenue #113

City State Zip Code
Du Bois PA 15801-1463

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

Name of Employer Occupation
Du Bois Regional Cardiology Associates ADULT CARDIOLOGY

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 28 / 2006

Transaction ID: 93540-06191653013229

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
George Rodgers

Mailing Address 3300 Duval Road Suite 150

City State Zip Code
Austin TX 78759-3542

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

Name of Employer Occupation
Biophysical Corporation ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 680.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 29 / 2006

Transaction ID: 091206-VUJF0B15BE83

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
Khosro Shareghi

Mailing Address 750 Boehms Court

City State Zip Code
Great Falls VA 22191-3339

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) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 11 / 2006

Transaction ID: 19806-01400393247604

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ernesto Umana

Mailing Address 8 Floral Avenue

City State Zip Code
Wheeling WV 32308-4646

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

Name of Employer Occupation
Ohio Valley Medical Center ADULT CARDIOLOGY

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 12 / 2006

Transaction ID: DFHDOTKLGEEA8

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1585.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 28
	<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) Mary Walsh		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 8333 Naab Road, Suite 400		Transaction ID: 091206-VUJF0B15BE88	
City Indianapolis	State IN	Zip Code 46260-1992	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Director, CHF and Nuclear CardiologyTh	Occupation HEART FAILURE/TRANSPLANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

B. Full Name (Last, First, Middle Initial) Ronald Walsh		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 144 Aleta Drive		Transaction ID: 19806-16297549009323	
City Belleair Beach	State FL	Zip Code 33786-3421	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Heart & Vascular Institute of Florida	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) W. Douglas Weaver		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 474 Townsend Street		Transaction ID: 93540-61066836118698	
City Birmingham	State MI	Zip Code 48202-2608	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Henry Ford Heart & Vascular Institute	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) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 28
	<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 Weinrauch

Mailing Address 1049 Park Avenue

City State Zip Code
New York NY 10028-1061

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2006

Transaction ID: 93540-92080324888230

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Oscar West

Mailing Address 1070 N Stone St. Suite B

City State Zip Code
Deland FL 32720-0824

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2006

Transaction ID: 19806-09791201353073

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Steven West

Mailing Address 14171 Metropolis Avenue Suite 101

City State Zip Code
Fort Myers FL 33912-4335

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 ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 091206-VUHF0B1A98E2

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 28
	<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)
Thomas White

Mailing Address 1819 Carew Street

City State Zip Code
Fort Wayne IN 46805-4705

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 ▼
294.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2006

Transaction ID: 93540-85374087095261

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
John Windsor

Mailing Address 310 N 10th Street

City State Zip Code
Bismarck ND 58501-4516

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

Name of Employer
Heart & Lung Clinic

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 091206-VUJF0B1A98DA

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Michael Wolk

Mailing Address 876 Park Avenue

City State Zip Code
New York NY 10021-8722

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

Name of Employer
New York Cardiology Assoc.

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.64

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: 091206-VUHF0B1A98DB

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)	225.33
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 22 / 28	
	(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"/> 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)
R. Scott Wright

Mailing Address Divide of Crdlgy Gonda 5-477
200 First Street Southwest

City State Zip Code
Rochester MN 55905-0001

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

Name of Employer Occupation
Mayo Clinic ADULT CARDIOLOGY

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2006

Transaction ID: 091206-VPFF0B0C8ACD

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	15116.33

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 28
	<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 checked="" type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6809.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	6

Transaction ID: 28029-06460207700729

Amount of Each Receipt this Period
53.75

Reimburse for July Amex Fees

B. Full Name (Last, First, Middle Initial)
American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6809.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	6

Transaction ID: 28029-22561281919479

Amount of Each Receipt this Period
146.57

Reimburse for Aug Disc/Merch-ant Fees

SUBTOTAL of Receipts This Page (optional)	▶	200.32
TOTAL This Period (last page this line number only)	▶	200.32

**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 24 / 28

<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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: V58849-2040674090385 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 57.86
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement August Amex Fees Candidate Name	
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) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Discover Business Services		Transaction ID: M28029-7236444354057 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 3010		Amount of Each Disbursement this Period 9.29
City New Albany State OH Zip Code 43054	Purpose of Disbursement August Discover Fees Candidate Name	
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) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. Merchant Services		Transaction ID: M28029-7673150897026 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 92.75
City Knoxville State TN Zip Code 37920	Purpose of Disbursement August Merchant Fees Candidate Name	
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) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ► 159.90

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 25 / 28

<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

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
August Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: M28029-2313043475151

Date of Disbursement

08 / 02 / 2006

Amount of Each Disbursement this Period

44.53

SUBTOTAL of Disbursements This Page (optional)

44.53

TOTAL This Period (last page this line number only)

204.43

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Anna Eshoo for Congress Full Name (Last, First, Middle Initial) Anna Eshoo for Congress Mailing Address 555 Capitol Mall Suite 1425 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Resignation of 4/28/06 Contribution Candidate Name Anna Eshoo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 14		Transaction ID: 56710-0158960223197 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
B. Dr. Hunter for Congress Full Name (Last, First, Middle Initial) Dr. Hunter for Congress Mailing Address PO Box 2119 City Oklahoma City State OK Zip Code 73101 Purpose of Disbursement Contribution Candidate Name Paul Hunter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District: 05		Transaction ID: 98209-2085077166557 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 1500.00
C. Hoosiers Supporting Buyer for Congress Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer for Congress Mailing Address 200 North Main St City Monticello State IN Zip Code 47960 Purpose of Disbursement Contribution Candidate Name Stephen Buyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 04		Transaction ID: 98209-5490533709526 Date of Disbursement: M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)	4000.00
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 27 / 28

<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

Full Name (Last, First, Middle Initial) A. John D. Dingell for Congress Committee		Transaction ID: 34336-3493310809135 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 607 14th St NW Suite 800		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name John Dingell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Larson for Congress		Transaction ID: 98209-0176813006401 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 29 Ruff Circle		Amount of Each Disbursement this Period 2000.00
City Glastonbury State CT Zip Code 06033	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name John Larson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Price for Congress		Transaction ID: 98209-5956689715385 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address PO Box 425		Amount of Each Disbursement this Period 5000.00
City Roswell State GA Zip Code 30077	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Thomas Price		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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 28 / 28

<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

Full Name (Last, First, Middle Initial)

A. Rangel for Congress

Mailing Address PO Box 5577
Manhattanville Station

City State Zip Code
New York NY 10027

Purpose of Disbursement
Contribution

Candidate Name
Charles Rangel

Office Sought: House
 Senate
 President

State: NY District: 15

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 98209-8528406023979

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

15000.00