

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
 Check if different than previously reported. (ACC)
Bethesda MD 20814

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

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

5. Covering Period 12 01 2005 through 12 31 2005

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 02 08 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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">53232.85</td></tr></table>	53232.85
Y	Y	Y	Y									
2	0	0	5									
53232.85												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="center">363832.40</td></tr></table>	363832.40										
363832.40												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="center">39671.49</td></tr></table>	39671.49	<table border="1" style="width: 100%;"><tr><td align="center">522103.92</td></tr></table>	522103.92								
39671.49												
522103.92												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="center">403503.89</td></tr></table>	403503.89	<table border="1" style="width: 100%;"><tr><td align="center">575336.77</td></tr></table>	575336.77								
403503.89												
575336.77												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="center">2283.85</td></tr></table>	2283.85	<table border="1" style="width: 100%;"><tr><td align="center">174116.73</td></tr></table>	174116.73								
2283.85												
174116.73												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="center">401220.04</td></tr></table>	401220.04	<table border="1" style="width: 100%;"><tr><td align="center">401220.04</td></tr></table>	401220.04								
401220.04												
401220.04												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	34323.66	418077.77
(i) Itemized (use Schedule A)	4071.00	102749.32
(ii) Unitemized	38394.66	520827.09
(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)	38394.66	520827.09
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)	1276.83	1276.83
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))	39671.49	522103.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39671.49	522103.92

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.....	928.25	9980.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	928.25	9980.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1355.60	142736.60
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	21400.00
(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	21400.00
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))..	2283.85	174116.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2283.85	174116.73

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)	38394.66	520827.09
34. Total Contribution Refunds (from Line 28(d))	0.00	21400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38394.66	499427.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	928.25	9980.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	1276.83	1276.83
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-348.58	8703.30

**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 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Anwar Ahmad		Date of Receipt MM / DD / YYYY 12 / 13 / 2005
Mailing Address 1801 S Florey Avenue		Transaction ID: 09412-09917849302291
City State Zip Code Mount Pleasant TX 77002-8232	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer CARDIOLOGY ASSOCIATES	Occupation ADULT CARDIOLOGY	CAPTEL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Syed Ahmed		Date of Receipt MM / DD / YYYY 12 / 13 / 2005
Mailing Address 5100 GATEWAY CENTER		Transaction ID: 09412-22301882505417
City State Zip Code FLINT MI 48507	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Mid-Michigan Cardiology	Occupation ADULT CARDIOLOGY	CAPTEL
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. Ghassan Al-Zaghrini		Date of Receipt MM / DD / YYYY 12 / 19 / 2005
Mailing Address 2500 Fondren Rd Ste 270		Transaction ID: 91113-00913637876510
City State Zip Code Houston TX 77063-2321	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Hillcroft Medical Clinic Association	Occupation ADULT CARDIOLOGY	CAPTEL
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2256 Carlyle Court

City State Zip Code
Buffalo Grove IL 60015-1884

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

Name of Employer Occupation
North Shore Cardiologists ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: VKYF0ED8B16B

Amount of Each Receipt this Period
200.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Abdelrahim Asfour

Mailing Address 5500 Covington Court Apt. #103

City State Zip Code
Dearborn MI 48202-2608

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

Name of Employer Occupation
Henry Ford Hospital, K2 INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

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

Transaction ID: 15567-74644106626511

Amount of Each Receipt this Period
300.00

CAPTEL

C. Full Name (Last, First, Middle Initial)
Timothy Bateman

Mailing Address 3410 West 89th Street

City State Zip Code
Leawood KS 64111-5939

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

Name of Employer Occupation
Cardiovascular Consultants, PC 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
1 2 / 2 9 / 2 0 0 5

Transaction ID: VZMF0F1ED494

Amount of Each Receipt this Period
50.00

PACWEB GENERATED CONTRIBUTION

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Alan Benheim		Date of Receipt MM / DD / YYYY 12 / 19 / 2005
Mailing Address 8316 Arlington Blvd Ste 610		Transaction ID: 11079-65151613950730
City State Zip Code Fairfax VA 22031-5204	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Pediatric Cardiology Associates, P.C.	Occupation PEDIATRIC CARD.	PAC Invoice
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. Alan Brown		Date of Receipt MM / DD / YYYY 12 / 30 / 2005
Mailing Address 2267 Sable Oaks Drive		Transaction ID: VKYF0ED88566
City State Zip Code Naperville IL 60540-7430	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Midwest Heart Specialists	Occupation ADULT CARDIOLOGY	PACWEB GENERATED CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Linda Calhoun		Date of Receipt MM / DD / YYYY 12 / 13 / 2005
Mailing Address 1915 GLEN MEADE RD		Transaction ID: 09412-86373537778855
City State Zip Code WILMINGTON NC 28403-6024	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00
Name of Employer WILMINGTON CARDIOLOGY PLLC	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	CAPTEL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

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 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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)
Charles Caplan

Mailing Address 602 Knipp Road

City State Zip Code
Houston TX 77024-2306

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

Name of Employer
Cardiology Associates of Houston PA

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 5

Transaction ID: 09412-61196535825729

Amount of Each Receipt this Period
750.00

CAPTEL

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

Mailing Address 1819 Breamar Drive

City State Zip Code
Fort Wayne IN 46805-4705

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 ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: VKVF0ED88F67

Amount of Each Receipt this Period
100.00

PACWEB GENERATED CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Bernard Clark

Mailing Address 95 Johnny Cake Lane

City State Zip Code
Glastonbury CT 06105-1208

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

Name of Employer
St. Francis Hospital and Medical Cente

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

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

Transaction ID: VZVF0F1ED49C

Amount of Each Receipt this Period
50.00

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	900.00
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 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Gerald Cohen

Mailing Address 35210 Romsey Rd

City State Zip Code
Franklin MI 48025

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 2 / 1 9 / 2 0 0 5

Transaction ID: 11079-85145205259323

Amount of Each Receipt this Period
250.00

PAC Invoice

B. Full Name (Last, First, Middle Initial)
William Collis

Mailing Address 1914 Sycamore Hills Dr

City State Zip Code
Fort Wayne IN 46814-9304

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 ▼ 500.00

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

Transaction ID: 15567-20464724302292

Amount of Each Receipt this Period
500.00

PAC Invoice

C. Full Name (Last, First, Middle Initial)
Karen Collishaw

Mailing Address 3 Thorburn Road

City State Zip Code
Gaithersburg 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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: VKNF0ED88565

Amount of Each Receipt this Period
50.00

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John Cox		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address PO Box 4000		Transaction ID: 91113-68955630064011	
City State Zip Code Joplin MO 64803-4000	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Freeman Heart Institute	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Patrick Daley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 4808 Union Chapel Rd		Transaction ID: 11079-00945681333541	
City State Zip Code Fort Wayne IN 46845-9284	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		PAC Invoice	
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		

Full Name (Last, First, Middle Initial) C. Steven Daniels		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 302 Berkeley Oak		Transaction ID: 09412-19392031431198	
City State Zip Code San Antonio TX 78229-3422	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer ALAMO HEART 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		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
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 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Raymond Dusman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 5
Mailing Address 2109 Turnberry Ln		Transaction ID: 30790-50225466489792
City State Zip Code Fort Wayne IN 46814-9394	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C	PAC Invoice	
Name of Employer Occupation Fort Wayne Cardiology ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) R. Douglas Ensley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 6151 S Yale, #400		Transaction ID: VZYF0F1ED493
City State Zip Code Tulsa OK 74136-1933	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBUTION	
Name of Employer Occupation St. Francis Hospital ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) James Fasules		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 6 Cascades Drive		Transaction ID: VKMF0ED88561
City State Zip Code Little Rock AR 72202-3510	Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBUTION	
Name of Employer Occupation Arkansas Children's Hospital Pediatric PEDIATRIC CARD.	Aggregate Year-to-Date ▼ 504.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	462.00
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 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Blair Foreman

Mailing Address 309 Sunset Street

City State Zip Code
Iowa City IA 52803-2473

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

Name of Employer Cardiovascular Medicine PC
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
12 / 05 / 2005

Transaction ID: 15567-38856142759323

Amount of Each Receipt this Period
100.00

PAC Invoice

B. Full Name (Last, First, Middle Initial)
Ricardo Garza

Mailing Address 7711 Louis Pasteur #708

City State Zip Code
San Antonio TX 78229-3422

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 05 / 2005

Transaction ID: 15567-59800356626511

Amount of Each Receipt this Period
500.00

CAPTEL

C. Full Name (Last, First, Middle Initial)
Basil Genetos

Mailing Address 1819 Carew St

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 19 / 2005

Transaction ID: 11079-31103152036667

Amount of Each Receipt this Period
400.00

PAC Invoice

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Linda Gillam

Mailing Address 55 Old Farm Road

City Hamden State CT Zip Code 06102-8000

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

Name of Employer Hartford Hospital Occupation ECHOCARDIOGRAPHY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

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

Transaction ID: VZMF0F1ED48F

Amount of Each Receipt this Period
83.33

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Rajan Gopal

Mailing Address 2103 East 39th Street

City Sterling State IL Zip Code 61081-1252

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

Name of Employer STERLING ROCKFALLS CLINIC 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 2 / 1 3 / 2 0 0 5

Transaction ID: 09412-44471377134323

Amount of Each Receipt this Period
250.00

CAPTEL

C. Full Name (Last, First, Middle Initial)
Mark Gordon

Mailing Address 4520 W 69th Street

City Sioux Falls State SD Zip Code 57108-8148

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

Name of Employer North Central Heart Institute Occupation 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 Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: VZNF0F1ED492

Amount of Each Receipt this Period
20.00

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	353.33
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: (check only one)	PAGE 15 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jon Heine		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 12211 Rip Van Winkle Drive		Transaction ID: 91113-72961062192917	
City State Zip Code Houston TX 77024-2306	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Cardiology Associates of Houston PA	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Wesley Hiser		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5	
Mailing Address 14991 West Iron Creek Road		Transaction ID: 15567-59066408872604	
City State Zip Code Casper WY 82601-2704	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Wyoming Cardiology Services PC	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Fuad Ibrahim		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 3099 N Civic Center Plz		Transaction ID: 91113-62730044126511	
City State Zip Code Scottsdale AZ 85251-6903	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Scottsdale Cardiovascular Center, PC	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
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 16 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kenneth Jue		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 9300 Valley Children's Place		Transaction ID: 15567-27270144224167
City State Zip Code Madera CA 93638-8761	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	CAPTEL	
Name of Employer Childrens Hospital of Central CA	Occupation PEDIATRIC CARD.	
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. Edward Kasper		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 10 Candlelight Ct		Transaction ID: 11079-13029116392135
City State Zip Code Timonium MD 21093-2808	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	PAC Invoice	
Name of Employer Johns Hopkins Bayview Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Imad Khaled		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 4045 E Bell Rd Ste 153		Transaction ID: 09412-06254214048385
City State Zip Code Phoenix AZ 85032-2240	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	CAPTEL	
Name of Employer Heart Clinic	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) ▶	1750.00
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 17 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michael Kienzle		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 816 River Street		Transaction ID: 14272-73722475767136
City Iowa City	State IA	
Zip Code 52242		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		PAC Invoice
Name of Employer University of Iowa Roy J. & Lucille A. C	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) B. Il Young Kim		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 3919 Beverly Blvd		Transaction ID: 91113-74097841978073
City Los Angeles	State CA	
Zip Code 90004-3432		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		CAPTEL
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. Jack Klie		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5
Mailing Address 100 Highland Ave Ste 203		Transaction ID: 91113-55918520689011
City Providence	State RI	
Zip Code 02906-2752		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		CAPTEL
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) ▶	1500.00
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 18 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Michal Kolda

Mailing Address 6417 Raintree Place

City State Zip Code
Springfield IL 62702-6700

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 19 / 2005

Transaction ID: 91113-82690066099167

Amount of Each Receipt this Period
1000.00

CAPTEL

B. Full Name (Last, First, Middle Initial)
Daniel Lindenstruth

Mailing Address 315 S Buckskin Circle

City State Zip Code
Cottonwood AZ 86326

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

Name of Employer Occupation
Verde Valley Heart, LLC 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
12 / 05 / 2005

Transaction ID: 15567-24345034360885

Amount of Each Receipt this Period
250.00

CAPTEL

C. Full Name (Last, First, Middle Initial)
Herbert Long

Mailing Address 429 S High Street

City State Zip Code
Burkesville KY 41017-5460

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

Name of Employer Occupation
COMPREHENSIVE CARDIOLOGY CONSULTANTS 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
12 / 13 / 2005

Transaction ID: 09412-67623537778855

Amount of Each Receipt this Period
500.00

CAPTEL

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 19 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Fernando Lopez		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5	
Mailing Address 131 E Kings Highway		Transaction ID: 15567-67834109067917	
City State Zip Code San Antonio TX 78212-2961	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	CAPTEL		
Name of Employer Occupation Alamo Heart Associates ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. James McCriskin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 25085 EAGLE POINT		Transaction ID: 09412-44398134946823	
City State Zip Code HUDSON IL 61748	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	CAPTEL		
Name of Employer Occupation Illinois Heart Lung Associates, S.C. ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. William Meengs		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 560 W Mitchell Street Suite 400		Transaction ID: 09412-72829836606980	
City State Zip Code Petoskey MI 49770-9019	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	CAPTEL		
Name of Employer Occupation Petoskey Cardiology INTERVENTIONAL CARDIOLOGY	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 20 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Albert Mercer

Mailing Address 1120 Griffith Avenue

City State Zip Code
Owensboro KY 42303-3222

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

Name of Employer Occupation
Green River Heart Institute ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 5

Transaction ID: VKNF0E2AEE8E

Amount of Each Receipt this Period
40.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Joseph Messer

Mailing Address 540 Washington Ave

City State Zip Code
Glencoe IL 60022-1837

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

Name of Employer Occupation
Rush University 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
1 2 / 1 9 / 2 0 0 5

Transaction ID: 11079-24644106626510

Amount of Each Receipt this Period
500.00

PAC Invoice

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

Mailing Address 2005 Prestwick Lane

City State Zip Code
Fort Wayne IN 46805-4705

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

Name of Employer Occupation
Fort Wayne Cardiology ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: VKVF0ED88563

Amount of Each Receipt this Period
100.00

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	640.00
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 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Fidelis Mkparu Mailing Address 5821 Loma Linda Ln NE City Canton State OH Zip Code 44721-3929 FEC ID number of contributing federal political committee. C		Date of Receipt <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>2</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 11079-59090822935104 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> PAC Invoice	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	9	/	2	0	0	5	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	1	9	/	2	0	0	5														
500.00																							
Name of Employer: Paragone Heart Group Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																					
500.00																							

B. Full Name (Last, First, Middle Initial) Eugene Moffett Mailing Address 185 E 7th Ave City Chico State CA Zip Code 95926-3356 FEC ID number of contributing federal political committee. C		Date of Receipt <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>2</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 15567-87089174985886 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> CAPTEL	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	5	/	2	0	0	5	250.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	0	5	/	2	0	0	5														
250.00																							
Name of Employer: Chico Cardiology Associates Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																					
250.00																							

C. Full Name (Last, First, Middle Initial) Hemachandran Nair Mailing Address 200 Doctor's Dr Ste 106 City Douglas State GA Zip Code 31533 FEC ID number of contributing federal political committee. C		Date of Receipt <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>2</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 91113-90723818540574 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> CAPTEL	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	9	/	2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	1	9	/	2	0	0	5														
1000.00																							
Name of Employer: Douglas Medical Specialist Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"><tr><td>1750.00</td></tr></table>	1750.00
1750.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td> </td></tr></table>	

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 22 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Louis Nassef		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 63 Overlook Dr		Transaction ID: 14272-43711489439011	
City Danville	State PA	Amount of Each Receipt this Period 500.00	
Zip Code 17821-9616		CAPTEL	
FEC ID number of contributing federal political committee. C			
Name of Employer Geisinger 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		

B. Full Name (Last, First, Middle Initial) Robert Novick		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5	
Mailing Address 1230 E 1st St		Transaction ID: 15567-24332827329635	
City Casper	State WY	Amount of Each Receipt this Period 500.00	
Zip Code 82601-2704		CAPTEL	
FEC ID number of contributing federal political committee. C			
Name of Employer WYOMING CARDIOPULMONARY SERVICES	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) Bradley Oswood		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 3099 N Civic Center Plz		Transaction ID: 61365-18110293149948	
City Scottsdale	State AZ	Amount of Each Receipt this Period 1000.00	
Zip Code 85251-6903			
FEC ID number of contributing federal political committee. C			
Name of Employer Scottsdale Cardiovascular Center	Occupation Cardiologist		
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)	2000.00
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 23 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Luis Pagan-Carlo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5	
Mailing Address 15149 Aquila Avenue		Transaction ID: 15567-35825747251510	
City State Zip Code Savage MN 55379-3387	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Minneapolis Cardiology Associates	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Thomas Pappas		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5	
Mailing Address 100 Port Washington Blvd Ste 105		Transaction ID: 15567-32423037290573	
City State Zip Code Roslyn NY 11576-1353	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Interventional Heart Group St. Francis	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Shailesh Patel		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 5	
Mailing Address 10187 Windsor Way		Transaction ID: 15567-15311831235885	
City State Zip Code Powell OH 43065-7668	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Cardiology Inc.	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1550.00
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 24 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
John Pickrell

Mailing Address 3049 South Kenwood

City State Zip Code
Salt Lake City UT 84132-0001

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

Name of Employer
University of Utah Health Sciences Cen

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
12 / 05 / 2005

Transaction ID: 15567-60602968931198

Amount of Each Receipt this Period
500.00

CAPTEL

B. Full Name (Last, First, Middle Initial)
Charles Presti

Mailing Address 4605 Crestwood Dr

City State Zip Code
Fort Wayne IN 46807-2914

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 05 / 2005

Transaction ID: 15567-43482607603073

Amount of Each Receipt this Period
400.00

PAC Invoice

C. Full Name (Last, First, Middle Initial)
Miguel Quinones

Mailing Address 8306 Fawn Terrace Dr

City State Zip Code
Houston TX 77071-3654

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

Name of Employer
Methodist DeBakey Heart Ctr

Occupation
CARDIOVASC. SURG.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 23 / 2005

Transaction ID: 30790-05137270689010

Amount of Each Receipt this Period
300.00

PAC Invoice

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
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 25 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lewis Rappaport		Date of Receipt MM / DD / YYYY 12 / 13 / 2005
Mailing Address 9380 McKnight Road		Transaction ID: 09412-38616579771042
City State Zip Code Pittsburgh PA 15237-5954	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer UPMC CARDIOVASCULAR CONSULTANTS	Occupation ADULT CARDIOLOGY	CAPTEL
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. Roy Robertson		Date of Receipt MM / DD / YYYY 12 / 19 / 2005
Mailing Address 11510 W Sycamore Hills Dr		Transaction ID: 11079-18336123228073
City State Zip Code Fort Wayne IN 46814-9386	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY	PAC Invoice
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. W. Scott Robertson		Date of Receipt MM / DD / YYYY 12 / 19 / 2005
Mailing Address 3099 N Civic Center Plz		Transaction ID: 91113-39866274595261
City State Zip Code Scottsdale AZ 85251-6903	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Scottsdale Cardiovascular Center PC	Occupation ADULT CARDIOLOGY	CAPTEL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 2425 Westlake Dr

City State Zip Code
Austin TX 78746-2948

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

Name of Employer Occupation
Biophysical Corporation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
850.00

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

Transaction ID: VZNF0F1ED496

Amount of Each Receipt this Period
85.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Milind Shah

Mailing Address 1000 N Oak Ave

City State Zip Code
Marshfield WI 54449-5703

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

Name of Employer Occupation
Marshfield Clinic 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
1 2 / 2 2 / 2 0 0 5

Transaction ID: 14272-58211916685104

Amount of Each Receipt this Period
250.00

CAPTEL

C. Full Name (Last, First, Middle Initial)
Ramesh Shatagopam

Mailing Address 7021 Stacy Dr

City State Zip Code
Terre Haute IN 47802-7602

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

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

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

Transaction ID: 15262-27192324399948

Amount of Each Receipt this Period
250.00

PAC Invoice

SUBTOTAL of Receipts This Page (optional)	▶	855.00
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 27 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mark Smucker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 5	
Mailing Address 51131 Placid Pointe Ct		Transaction ID: 11079-93853396177292	
City State Zip Code Granger IN 46530-6557	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	PAC Invoice		
Name of Employer Occupation Midwest Medical Group, LLC ADULT CARDIOLOGY	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Michael Spain		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address 7500 N Oakcliff		Transaction ID: VZMF0F1ED4AA	
City State Zip Code Tulsa OK 74136-1933	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBUTION		
Name of Employer Occupation Cardiology Tulsa ADULT CARDIOLOGY	Aggregate Year-to-Date 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Joseph Tartaglia		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5	
Mailing Address 1 Keane Court		Transaction ID: 09412-45701235532761	
City State Zip Code Rye NY 10605-2217	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	CAPTEL		
Name of Employer Occupation JOSEPH JOHN TARTAGLIA MD PC ADULT CARDIOLOGY	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1020.00
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 28 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ganpat Thakker

Mailing Address 3100 Maccorkle Ave SE Ste 902

City State Zip Code
Charleston WV 25304-1234

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

Name of Employer Occupation
Advanced Cardio-Vascular Services, PLL ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: VZMF0E6DF125

Amount of Each Receipt this Period
1000.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 1 Expressway Plz Ste 220

City State Zip Code
Roslyn Heights NY 11577-2031

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
1 2 / 0 5 / 2 0 0 5

Transaction ID: 15567-33083742856979

Amount of Each Receipt this Period
500.00

CAPTEL

C. Full Name (Last, First, Middle Initial)
Mary Walsh

Mailing Address 428 W 83rd Place

City State Zip Code
Indianapolis IN 46260-1992

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

Name of Employer Occupation
Indiana University Schl of Medcn HEART FAILURE/TRANSPLANT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

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

Transaction ID: VZMF0F1ED49B

Amount of Each Receipt this Period
100.00

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
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 29 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
Steven West

Mailing Address 15636 Fiddlesticks Boulevard

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 ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: VKMF0ED88568

Amount of Each Receipt this Period
100.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Allan Wicks

Mailing Address 7833 W Chalk Creek Road

City State Zip Code
Casper WY 82601-2704

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

Name of Employer
Wyoming Cardiopulmonary

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
1 2 / 0 5 / 2 0 0 5

Transaction ID: 15567-89223879575730

Amount of Each Receipt this Period
500.00

CAPTEL

C. Full Name (Last, First, Middle Initial)
William Wilson

Mailing Address 1845 Forest Park Blvd

City State Zip Code
Fort Wayne IN 46805-5114

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

Name of Employer
Fort Wayne Cardiology

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 15567-63726443052292

Amount of Each Receipt this Period
500.00

PAC Invoice

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 30 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John Windsor		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 745 Augsborg Avenue		Transaction ID: VKNF0ED88F6A
City Bismarck	State ND	Amount of Each Receipt this Period 100.00
Zip Code 58501-4516	FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBUTION
Name of Employer Heart & Lung Clinic	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Michael Wolk		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 876 Park Avenue		Transaction ID: VKYF0ED88F6C
City New York	State NY	Amount of Each Receipt this Period 83.33
Zip Code 10021-8722	FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBUTION
Name of Employer New York Cardiology Assoc.	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	

Full Name (Last, First, Middle Initial) C. R. Scott Wright		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 5 / 2 0 0 5
Mailing Address Divide of Crdlgy Gonda 5-477 200 First Street Southwest		Transaction ID: VWNF0ED0A7BA
City Rochester	State MN	Amount of Each Receipt this Period 30.00
Zip Code 55905-0001	FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBUTION
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 ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	▶	213.33
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 31 / 35	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Mark Yeoman

Mailing Address 219 Heritage Oaks Lane

City	State	Zip Code
Houston	TX	77024-2306

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

Name of Employer Cardiology Associates of Houston PA	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	0	5

Transaction ID: 09412-90096682310105

Amount of Each Receipt this Period

1000.00

CAPTEL

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	34323.66

**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 32 / 35
	<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

Full Name (Last, First, Middle Initial) A. Sun Trust Bank - Non Federal		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 85024		Transaction ID: 15438-73881167173386
City State Zip Code Richmond VA 23285-5024	Amount of Each Receipt this Period 681.14	
FEC ID number of contributing federal political committee. C	Reimburse for Nov. Amex & Bank Fees	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1276.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sun Trust Bank - Non Federal		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 85024		Transaction ID: 60661-13822573423385
City State Zip Code Richmond VA 23285-5024	Amount of Each Receipt this Period 595.69	
FEC ID number of contributing federal political committee. C	Reimburse for Dec. Discover/Bank Fees	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1276.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1276.83
TOTAL This Period (last page this line number only)	1276.83

**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 33 / 35

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

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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: V60661-5863000750541 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 332.56
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Dec. Amex Fees	
Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) B. Discover Business Services		Transaction ID: M29705-1982538104057 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 3010		Amount of Each Disbursement this Period 27.38
City New Albany State OH Zip Code 43054	Purpose of Disbursement Dec. Discover Fees	
Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) C. Sun Trust Bank		Transaction ID: 29705-59405153989792 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 85024		Amount of Each Disbursement this Period 93.66
City Richmond State VA Zip Code 23285-5024	Purpose of Disbursement Dec. Bank Fees	
Candidate Name		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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	453.60
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 34 / 35

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

<p>A. Sun Trust Bank</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285-5024</p> <p>Purpose of Disbursement Dec. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: 29705-21294802427292</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="438.70"/></p>
<p>B. Sun Trust Bank</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285-5024</p> <p>Purpose of Disbursement Dec. Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: 29705-23534792661667</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.95"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 35

<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. American College of Cardiology		Transaction ID: V8039845676821470261 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address 9111 Old Georgetown Road		Amount of Each Disbursement this Period -644.40 In-Kind
City Bethesda State MD Zip Code 20814		
Purpose of Disbursement Voided 3/7/04 Contribution	Category/ Type	
Candidate Name John Shadegg		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mark Kennedy 06		Transaction ID: 30191-7150384783744 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address PO Box 49333		Amount of Each Disbursement this Period 1000.00
City Blaine State MN Zip Code 55449		
Purpose of Disbursement 2006 Primary	Category/ Type	
Candidate Name Mark Kennedy		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Price for Congress		Transaction ID: 29705-0702173113822 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address PO Box 425		Amount of Each Disbursement this Period 1000.00
City Roswell State GA Zip Code 30077		
Purpose of Disbursement 2006 Primary	Category/ Type	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1355.60
TOTAL This Period (last page this line number only) ▶	1355.60