

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 34
	(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) Jay H. Alexander, M.D., F.A.		Date of Receipt	
	Mailing Address 2256 Carlyle Ct		M M / D D / Y Y Y Y Y 05 / 19 / 2011	
	City	State	Zip Code	Transaction ID: 4A909B8D2CBB35A4978C
	Buffalo Grove	IL	60089-4695	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		200.00		
Name of Employer North Shore Cardiologists, SC		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00		

B.	Full Name (Last, First, Middle Initial) John R. Bates, M.D., F.A.		Date of Receipt	
	Mailing Address 15901 Billiter Ct		M M / D D / Y Y Y Y Y 05 / 18 / 2011	
	City	State	Zip Code	Transaction ID: 5268F76146E12C66C2B
	Westfield	IN	46074-8867	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer The Care Group LLC		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) Joe Knight Bissett, M.D., F.A.		Date of Receipt	
	Mailing Address PO Box 7374		M M / D D / Y Y Y Y Y 05 / 09 / 2011	
	City	State	Zip Code	Transaction ID: 3D497BA417D6A460FEE
	Little Rock	AR	72217-7374	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1000.00		
Name of Employer UAMS Dept of MedicineCent-ral AR VA Hos		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)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	