



**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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		210549.96
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	309164.98									
(c) Total Receipts (from Line 19) .....	38988.65	254475.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	348153.63	465025.82								
7. Total Disbursements (from Line 31) .....	44337.64	161209.83								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	303815.99	303815.99								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	31137.67	209367.02
(ii) Unitemized .....	5651.17	39449.02
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	36788.84	248816.04
(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) .....	36788.84	248816.04
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) .....	2199.81	5659.82
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)) .....	38988.65	254475.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	38988.65	254475.86

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	1837.64	5744.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1837.64	5744.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42500.00	155000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	465.05
(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	465.05
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))..	44337.64	161209.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44337.64	161209.83

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	36788.84	248816.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	465.05
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36788.84	248350.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1837.64	5744.78
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	2199.81	5659.82
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-362.17	84.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jay H. Alexander, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 2256 Carlyle Court	<b>Transaction ID:</b> 40C59537C809C6CB2490
	City State Zip Code Buffalo Grove IL 60089-4695	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Eric R. Bates, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 13 / 2010
	Mailing Address 840 Cherrystone Court	<b>Transaction ID:</b> 4F36BF67CF111C7C7D71
	City State Zip Code Ann Arbor MI 48105-3038	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer University of Michigan Hospitals and H	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) George P. Bekic, D.O., F.A.	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 502 Cherry Lane	<b>Transaction ID:</b> 66F7985C69B201570FA
	City State Zip Code Lumberton NC 28358-2350	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Southeastern Cardiology, P.A.	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>784.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ralph G. Brindis, M.D., M.P.	Date of Receipt MM / DD / YYYY 04 / 02 / 2010
	Mailing Address 1410 Monterey Boulevard	<b>Transaction ID:</b> 4AD09433D60E7006A78C
	City State Zip Code San Francisco CA 94127-2554	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Oakland Kaiser Medical Center	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Alan S. Brown, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 1912 Alta Vista Court	<b>Transaction ID:</b> 4E4CA10A3385EDAB1527
	City State Zip Code Naperville IL 60563	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Midwest Heart Specialists-Edward Heart	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph G. Cacchione, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 02 / 2010
	Mailing Address 5740 Hickory Knoll Court	<b>Transaction ID:</b> 4EB399AD3D6B1EEE1F16
	City State Zip Code Fairview PA 16415-3246	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Cleveland Clinic	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>284.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 39  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Hollace D. Chastain, II, M.D.,

Mailing Address 1819 Breamar Drive

City State Zip Code  
Fort Wayne IN 46814-9364

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

Name of Employer Occupation  
Fort Wayne Cardiology ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** 4811B5EC2C1C281CED2A

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Russell A. Ciafone, M.D., F.A.

Mailing Address 66 Highridge Road

City State Zip Code  
West Simsbury CT 06092-2004

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

Name of Employer Occupation  
Central Connecticut Cardiologists, LLC ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2010

**Transaction ID:** 2E27A18E0492DDB224E

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael P. Cinquegrani, M.D., F.A.

Mailing Address 14755 Ridgemoor Drive

City State Zip Code  
Elm Grove WI 53122-1135

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

Name of Employer Occupation  
Medical College of Wisconsin INTERVENTIONAL CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2010

**Transaction ID:** E610D06F48917203301

Amount of Each Receipt this Period  
1000.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Benjamin S. Citrin, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 13 / 2010
	Mailing Address 4451 Suzanne Circle	<b>Transaction ID:</b> 82679468A93D0460129
	City State Zip Code Mobile AL 36608-2244	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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	

<b>B.</b>	Full Name (Last, First, Middle Initial) David J. Clardy, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 19 / 2010
	Mailing Address 801 Broadway N	<b>Transaction ID:</b> 438180AA5F781CB5EB0B
	City State Zip Code Fargo ND 58102-3641	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Meritcare Medical Center Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael M. Dehning, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 6826 Northland Drive	<b>Transaction ID:</b> 9B5F41FF3C7F2B8C4B6
	City State Zip Code Omaha NE 68152-1064	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>834.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 39

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael G. DeVita, D.O., F.A.

Mailing Address 1640 Highway 88 Suite 201

City State Zip Code  
Brick NJ 08724-3068

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

Name of Employer Occupation  
Shore Cardiology Consultants ADULT CARDIOLOGY

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 0

Transaction ID: 9379C70202D89D27899

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Rodoljub Z. Dimitrijevic, M.D., F.A.

Mailing Address 3361 Chickering Lane

City State Zip Code  
Bloomfield Hills MI 48302-1415

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

Name of Employer Occupation  
Self-Employed ADULT CARDIOLOGY

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: 3332F62DC6C4D7CDAE3

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Arthur Lee Eberly, III, M.D.,

Mailing Address PO Box 8795

City State Zip Code  
Greenville SC 29604-8795

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

Name of Employer Occupation  
Carolina Cardiology 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  
0 4 / 1 3 / 2 0 1 0

Transaction ID: 8EB8929AE201A91F08C

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 11 / 39

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Ziad M. Elghoul, M.D., F.A.

Mailing Address 2595 S Sean Drive

City State Zip Code  
Chandler AZ 85286-4370

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

Name of Employer Self-Employed Occupation  
INTERVENTIONAL CARDIOLOGY

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 1 0

Transaction ID: 6A2AF92BDEF263D85CF

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
N. Rock Ereksen

Mailing Address 2108 North Geyer Road  
Suite 300

City State Zip Code  
Frontenac MO 63131-3303

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

Name of Employer Metro Heart Group of St. Louis, Inc. Occupation  
ADMINISTRATION

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 0

Transaction ID: 695502811570B43B96D

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 1458 Avellino Circle

City State Zip Code  
Murfreesboro TN 37130-7608

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

Name of Employer Self-Employed Occupation  
ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 333.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 1 0

Transaction ID: 424DBA8CBD89339A4CFF

Amount of Each Receipt this Period  
83.33

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

683.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 39
	<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)  
James W. Fasules, M.D., F.A.

Mailing Address 6 Cascades Drive

City State Zip Code  
Little Rock AR 72212-3306

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

Name of Employer American College of Cardiology  
Occupation PEDIATRIC CARD.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2010

**Transaction ID:** 4BD183DA7856285BB0AD

Amount of Each Receipt this Period  
84.00

**B.**

Full Name (Last, First, Middle Initial)  
Kevin Fitzpatrick

Mailing Address Heart House  
2400 N Street Northwest

City State Zip Code  
Washington DC 20037-1152

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 ▼  
336.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2010

**Transaction ID:** 4558AC572E21A5076ADB

Amount of Each Receipt this Period  
84.00

**C.**

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

Mailing Address 9111 Old Georgetown Road

City State Zip Code  
Bethesda MD 20814-1616

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

Name of Employer American College of Cardiology  
Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2010

**Transaction ID:** 480FA6A17DE273FD4F43

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **268.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lee W. Gould, M.D., F.A.		Date of Receipt MM / DD / YYYY 04 / 30 / 2010		
	Mailing Address 3865 Country Club Drive		<b>Transaction ID:</b> 438583E726B3F2E42FF8		
	City Lewiston	State ID	Zip Code 83501-9622	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank A. Hobart, M.D., F.A.		Date of Receipt MM / DD / YYYY 04 / 13 / 2010		
	Mailing Address 2150 Shipyard Boulevard		<b>Transaction ID:</b> 4DC6D00DC64C22D5ADF		
	City Wilmington	State NC	Zip Code 28403-8052	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Coastal Cardiology Associates, P.A.	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>C.</b>	Full Name (Last, First, Middle Initial) Robert E. Hobbs, M.D., F.A.		Date of Receipt MM / DD / YYYY 04 / 25 / 2010		
	Mailing Address 2713 Dryden Road		<b>Transaction ID:</b> 4722AA0ACE4899F07158		
	City Beachwood	State OH	Zip Code 44122	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cleveland Clinic	Occupation HEART FAILURE/TRANSPLANT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	667.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Chad A. Hoyt, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 26 / 2010
	Mailing Address 1829 Parkland Drive	<b>Transaction ID:</b> 93CF4F4B1B7F9465B09
	City Lynchburg State VA Zip Code 24503-2420	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Cardiology Associates of Central Virgi Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael L. Isaacson, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 13 / 2010
	Mailing Address 410 Mallard Drive	<b>Transaction ID:</b> 028B413B562214EC0C7
	City Jonesboro State AR Zip Code 72401-7138	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Northeast Arkansas Clinic Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dipti Itchhaporia, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 355 Placentia Avenue	<b>Transaction ID:</b> 3EA69B161A36AC92812
	City Newport Beach State CA Zip Code 92663-3311	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Self-Employed Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert S. Iwaoka, M.D., F.A.		Date of Receipt	
	Mailing Address 7342 Governors Hill Lane		M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> F0A61F7BACB48CD744E
	Charlotte	NC	28211-5016	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Mid Carolina Cardiology		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ennis James		Date of Receipt	
	Mailing Address 106 Fair Oaks Ln		M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 11B925AB2F41BA12ED9
	Greenwood	SC	29646-9273	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer American College of Cardiology		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Sujith Kalathiveetil, M.D.		Date of Receipt	
	Mailing Address 910 Lilac Lane Suite #212		M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 8D9EA4B720A8155F51C
	Naperville	IL	60540-7235	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		365.00		
Name of Employer Cardiovascular Consultants of Naperville		Occupation INVASIVE CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1115.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 39  
(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
Mark W. Keller, M.D., F.A.

Mailing Address 5855 S Forest Street

City State Zip Code  
Greenwod Village CO 80121-2142

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

Name of Employer Self-Employed Occupation  
ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2010

**Transaction ID:** 2E16E0D93FCFCFD14A0

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Roger Kerzner, M.D.

Mailing Address 252 Chapman Road Suite 150

City State Zip Code  
Newark DE 19702-5438

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

Name of Employer Self-Employed Occupation  
ELECTROPHYSIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2010

**Transaction ID:** 4D3D96DBAF2BC5263D5

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Timothy David Logan, D.O.

Mailing Address 21608 Englehardt Street

City State Zip Code  
Saint Clair Shores MI 48080-2928

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

Name of Employer Mount Clemens General Hospital Occupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2010

**Transaction ID:** 3ADF559B33E337D1428

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 39  
(check only one)

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

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

**A.**

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

Mailing Address Department of Cardiothoracic Surge  
3401 N Broad Street

City Philadelphia State PA Zip Code 19140-5103

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

Name of Employer Temple University Hospital Occupation CARDIOVASC. SURG.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 05 / 2010  
**Transaction ID: 6621035FBCA3A4861EA**  
Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Clyde R. Meckel, M.D., F.A.

Mailing Address 6300 Sumner Street

City Lincoln State NE Zip Code 68506-1537

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

Name of Employer Bryan LGH Heart Institute Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt 04 / 05 / 2010  
**Transaction ID: 8E7E6FE1F7A775E3B8A**  
Amount of Each Receipt this Period 365.00

**C.**

Full Name (Last, First, Middle Initial)  
Clyde R. Meckel, M.D., F.A.

Mailing Address 6300 Sumner Street

City Lincoln State NE Zip Code 68506-1537

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

Name of Employer Bryan LGH Heart Institute Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt 04 / 05 / 2010  
**Transaction ID: 8D1092A3C8BED592852**  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1230.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Albert B. Mercer, M.D., F.A.  
Mailing Address 1120 Griffith Avenue  
City Owensboro State KY Zip Code 42301-2812  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Green River Heart Institute Occupation INTERVENTIONAL CARDIOLOGY  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 04 / 25 / 2010  
Transaction ID: 430890715F476CAB792A  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
J. Scott Millikan, M.D., F.A.  
Mailing Address 3319 Alpine Drive  
City Billings State MT Zip Code 59102-0341  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation CARDIOVASC. SURG.  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 26 / 2010  
Transaction ID: 5E8A05CBB1744037DE6  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Margo B. Minissian, ACNP-BC, M  
Mailing Address 444 S San Vicente Boulevard Suite  
City Los Angeles State CA Zip Code 90048-4174  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cedars Sinai Womens Heart Center Occupation PREVENTIVE CARDIOLOGY  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00  
Date of Receipt 04 / 15 / 2010  
Transaction ID: 4F9C8A4D8E66AF7A5DA4  
Amount of Each Receipt this Period 84.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1184.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael J. Mirro, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 2005 Prestwick Lane	<b>Transaction ID:</b> 47FDBC0421ADBE51F1D9
	City State Zip Code Fort Wayne IN 46814-9317	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jaime Moriguchi, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 7359 Rutherford Hill Drive	<b>Transaction ID:</b> EC8C079C3EEA9D477EF
	City State Zip Code West Hills CA 91307-5204	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer University Cardiovascular MedicalClini	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Navin C. Nanda, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 4240 Kennesaw Drive	<b>Transaction ID:</b> 946DF7FA6AA2C77DA4B
	City State Zip Code Birmingham AL 35213-3310	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer University Hospital	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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>965.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel J. Newton, M.D.		Date of Receipt
	Mailing Address 2628 Pickerington Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 05 / 2010
	City	State	Zip Code
	Hudson	OH	44236-4921
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 09648EF40EEE41D8332
Name of Employer Northeast Ohio Cardiovascular Speciali		Occupation INTERVENTIONAL CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul J. O'Brien, M.D., F.A.		Date of Receipt
	Mailing Address 4660 Kenmore Avenue Suite 800		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 19 / 2010
	City	State	Zip Code
	Alexandria	VA	22304-1300
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 47D8A24A15E5A3F1E2E7
Name of Employer Virginia Cardiology, P.C.		Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.00	<input type="text"/> 84.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles D. O'Shaughnessy, M.D., F.A.		Date of Receipt
	Mailing Address 32411 Nottingham Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 05 / 2010
	City	State	Zip Code
	Avon Lake	OH	44012-2192
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> AC8535D5D239E9BB0D3
Name of Employer North Ohio Heart Center		Occupation INTERVENTIONAL CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 834.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce Lee Palmer, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 13 / 2010
	Mailing Address 3500 Arena Road	<b>Transaction ID:</b> BEF54B3E535E28D68D4
	City State Zip Code Wichita Falls TX 76310-5122	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Wichita Heart and Vascular	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Himanshu M. Patel, M.D.	Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 14 Forest Meadow Road	<b>Transaction ID:</b> 7E51A240C95EAAC9950
	City State Zip Code Rome GA 30165	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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	

<b>C.</b>	Full Name (Last, First, Middle Initial) Prasad Venkata Rama Paturu, M.B.B.S.,	Date of Receipt MM / DD / YYYY 04 / 13 / 2010
	Mailing Address 10339 Sandbar Drive	<b>Transaction ID:</b> 47D0C0AED9E2FC3E1E2
	City State Zip Code Irving TX 75063-5421	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>980.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 39  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Carl J. Pepine, M.D., M.A.

Mailing Address 6308 Southwest 37th Way

City Gainesville State FL Zip Code 32608-5105

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

Name of Employer Shands Hospital at University of Florida Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 26 / 2010  
Transaction ID: F3158BAC77A561956F7  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Francisco Perez, M.D.

Mailing Address PO Box 362241

City San Juan State Se Zip Code 00936-2241

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

Name of Employer The Arrhythmia Group Occupation ELECTROPHYSIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 04 / 13 / 2010  
Transaction ID: 52C0A78393B42875B85  
Amount of Each Receipt this Period: 365.00

**C.** Full Name (Last, First, Middle Initial)  
Mahboobur Rahman, M.D., F.A.

Mailing Address 243 North Road # 2An

City Poughkeepsie State NY Zip Code 12601

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: 04 / 23 / 2010  
Transaction ID: 7586D6EDD9DA266BC36  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1365.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas F. Rizzo, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 13 / 2010
	Mailing Address 203 Hillcrest Avenue	<b>Transaction ID:</b> 8A3726AFD87409BF692
	City State Zip Code Tinton Falls NJ 07753-5730	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John F. Robb, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 9 Woodcock Lane	<b>Transaction ID:</b> 34963D8BD186F25C2F4
	City State Zip Code Etna NH 03750-4403	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Dartmouth-Hitchcock Medcl Ctr Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Luis F. Rodriguez-Ospina, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 13 / 2010
	Mailing Address Alturas De Torrimar Street 2 Blk 6 #10	<b>Transaction ID:</b> FD3489D7F70AF33AE6A
	City State Zip Code Guaynabo PR 00969	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer VA Caribbean Healthcare System Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>865.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 39  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial)  
Florence G. Rothenberg, M.D., F.A.

Mailing Address 222 Reily Road

City State Zip Code  
Cincinnati OH 45215

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

Name of Employer University of Cincinnati Occupation CARDIOVASCULAR RESEARCH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

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

**Transaction ID:** 49C9A4BCF84B571A969D

Amount of Each Receipt this Period  
84.00

**B.**

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

Mailing Address 759 Chestnut Street

City State Zip Code  
Springfield MA 01107-1619

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

Name of Employer Baystate Medical Center Occupation CARDIOVASC. SURG.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 67B8B65E4489F545110

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
John S. Rumsfeld, M.D., Ph.D

Mailing Address Cardiology (111B)  
1055 Clermont Street

City State Zip Code  
Denver CO 80220-3808

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

Name of Employer Denver VA Medical Center / University Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

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

**Transaction ID:** 44F79937E2D1B6DEA7DB

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **417.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 39
	(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)  
Hani Mohammed Sabbour, M.B.B.S.,

Mailing Address 1451 Pound Hill Road

City North Smithfield State RI Zip Code 02896-9525

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

Name of Employer Cardiology Associates, Inc. Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 13 / 2010  
**Transaction ID:** AAC4960AC9572B98276  
 Amount of Each Receipt this Period 365.00

**B.**

Full Name (Last, First, Middle Initial)  
Mehrdad Salamat, M.D., F.A.

Mailing Address 3533 S Alameda Suite 202

City Corpus Christi State TX Zip Code 78411-1721

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

Name of Employer Drsicoll Physician Group Occupation PEDIATRIC CARD.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 23 / 2010  
**Transaction ID:** CF86D1A4674F89E414B  
 Amount of Each Receipt this Period 365.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph J. Sarmiento, M.D., F.A.

Mailing Address 7324 W Country View Drive

City Bartonville State IL Zip Code 61607-9344

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

Name of Employer Self-Employed Occupation ELECTROPHYSIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 23 / 2010  
**Transaction ID:** 915BD597A6A62D874BE  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 980.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Srinivasa Dinakar Reddy Satti, M.D., F.A.  
 Mailing Address 8440 Foxglove Avenue Northwest  
 City State Zip Code  
 Clinton OH 44216  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 3 / 2 0 1 0  
**Transaction ID:** 3984F139ABA071A85C1  
 Amount of Each Receipt this Period  
 365.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Aultan Hospital ELECTROPHYSIOLOGY  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 365.00

**B.** Full Name (Last, First, Middle Initial)  
John F. Schmedtje, Jr., M.D.,  
 Mailing Address 2619 Avenham Avenue  
 City State Zip Code  
 Roanoke VA 24014-1506  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 2 / 2 0 1 0  
**Transaction ID:** BEB58C94-431C-403A-  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Roanoke Heart Institute ADULT CARDIOLOGY  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
A. Allen Seals, M.D., F.A.  
 Mailing Address 113 Teal Pointe Lane  
 City State Zip Code  
 Ponte Vedra Beach FL 32082-1936  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 5 / 2 0 1 0  
**Transaction ID:** AB6B92F5275F8731173  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baker & Gilmour Crdvsclr Institute ADULT CARDIOLOGY  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2365.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 27 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael J. Severino, M.D., F.A.  
 Mailing Address 1732 Fargo Boulevard  
Suite 100  
 City State Zip Code  
Geneva IL 60134-2973  
 Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2010  
**Transaction ID:** 4BD6B3B2A69AFB478654  
 Amount of Each Receipt this Period  
84.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kane Cardiology, SC Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

**B.** Full Name (Last, First, Middle Initial)  
Stanley J. Shin, M.D., F.A.  
 Mailing Address 368 Northside Dr. E  
 City State Zip Code  
Statesboro GA 30458-4839  
 Date of Receipt  
MM / DD / YYYY  
04 / 05 / 2010  
**Transaction ID:** 9A5D561D6638E8F0897  
 Amount of Each Receipt this Period  
250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Statesboro Cardiology, P.-C. Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
John W. Shuck, M.D., F.A.  
 Mailing Address 1100 Forrest Avenue  
 City State Zip Code  
Dover DE 19904-3309  
 Date of Receipt  
MM / DD / YYYY  
04 / 25 / 2010  
**Transaction ID:** 43EEABD1593662414E7F  
 Amount of Each Receipt this Period  
84.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiology Consultants Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **418.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 39

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
M. Theodore Silver, M.D., F.A.

Mailing Address 697 Lebanon Road

City State Zip Code  
Winterport ME 04496-4023

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

Name of Employer Occupation  
Northeast Cardiology Associates ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 336.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 0

Transaction ID: 40C1AD774AB55956B3A9

Amount of Each Receipt this Period

84.00

**B.**

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

Mailing Address 5514 Yolanda

City State Zip Code  
Dallas TX 75229-6440

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

Name of Employer Occupation  
Heart Place INTERVENTIONAL CARDIOLOGY

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 0

Transaction ID: 45F2A9B115ECD017DADF

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark R. Sorensen, M.D., F.A.

Mailing Address 211 S Main Street #205

City State Zip Code  
Cape May Court Hou NJ 08210-2264

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

Name of Employer Occupation  
Cape Shore Cardiology ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 333.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

Transaction ID: 461D88255428E769EED6

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

417.33

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 39

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Randeep Suneja, M.B.B.S.,

Mailing Address 3002 Fair Dawn Court

City State Zip Code  
Katy TX 77450-8638

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

Name of Employer Occupation  
Cardiology Ctr of Houston 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 4 / 1 3 / 2 0 1 0

Transaction ID: 2C29653CD4CC07AC0E8

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 7620 Old Georgetown Road, Apt. 121

City State Zip Code  
Bethesda MD 20814-6182

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 ▼ 416.68

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 0

Transaction ID: 482FB4A642A1674E6A0F

Amount of Each Receipt this Period  
208.34

**C.**

Full Name (Last, First, Middle Initial)  
Todd G. Tolbert, M.D.

Mailing Address 210 Heady Drive

City State Zip Code  
Nashville TN 37205-4416

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 ▼ 600.00

Date of Receipt

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

Transaction ID: 4AA4BA8810A44DC65C07

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) .....

608.34

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 39  
(check only one)

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

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

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

Mailing Address 2875 Southwest 53rd Street  
Suite 700

City Ocala State FL Zip Code 34471-9538

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

Name of Employer Ocala Interventional CardiologyORMC Ca Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 04 / 29 / 2010  
**Transaction ID:** 4EFOA160AD3B97886BA1  
Amount of Each Receipt this Period 84.00

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

Mailing Address 2817 E Ludlow Drive

City Phoenix State AZ Zip Code 85032-5665

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 19 / 2010  
**Transaction ID:** 472697FB32AD87B6BA62  
Amount of Each Receipt this Period 84.00

**C.** Full Name (Last, First, Middle Initial)  
Howard T. Walpole, Jr., M.D.,

Mailing Address 31 Northumberland

City Nashville State TN Zip Code 37215-4123

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

Name of Employer Saint Thomas Health Services Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2010  
**Transaction ID:** 4E5A9BDB0D4F459C96FD  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 668.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Norine Walsh, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 29 / 2010
	Mailing Address 428 West 83rd Place	<b>Transaction ID:</b> 42AB89E2EA42E5037716
	City State Zip Code Indianapolis IN 46260-4905	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer The Care Group LLC	Occupation HEART FAILURE/TRANSPLANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sylvan Lee Weinberg, M.D., M.A.	Date of Receipt MM / DD / YYYY 04 / 13 / 2010
	Mailing Address 4555 Southern Boulevard	<b>Transaction ID:</b> 6592465312B10A9B2DA
	City State Zip Code Dayton OH 45429-1118	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven R. West, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 19 / 2010
	Mailing Address 2055 Thomasville Road Apt. B304	<b>Transaction ID:</b> 41BCA50DD32DA33B6325
	City State Zip Code Tallahassee FL 32308-0795	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Capital Regional Medical Center (Colum	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 32 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John Anthony Williams, III, M.D.,  
Mailing Address 1001 Newman Road

City State Zip Code  
New Bern NC 28562-5253

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

Name of Employer Occupation  
The Heart Center of Eastern Carolina 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
0	4	/	2	3	/	2	0	1	0

**Transaction ID:** 6C01D342BF3E65F50D6  
 Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph S. Wilson, Jr., M.D.,  
Mailing Address 755 Mount Vernon Highway Suite 530

City State Zip Code  
Atlanta GA 30328-4287

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

Name of Employer Occupation  
Cardiology of Georgia, P.-C. ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	0

**Transaction ID:** 4A7C94C85883F6008D36  
 Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
Richard F. Wright, M.D., F.A.  
Mailing Address 1038 South Carmelina Avenue

City State Zip Code  
Los Angeles CA 90049

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

Name of Employer Occupation  
Pacific Heart Institute ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 950.00

Date of Receipt  

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

**Transaction ID:** 418E96AF851A2E4ED44B  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 39  
(check only one)

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

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

**A.**

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

Mailing Address 1524 Northwest Grove Avenue

City State Zip Code  
Topeka KS 66606-1234

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
04 / 02 / 2010

**Transaction ID:** 4E638F7CCBEE5411784A

Amount of Each Receipt this Period  
90.00

**B.**

Full Name (Last, First, Middle Initial)  
Loran Yehudai, M.D., F.A.

Mailing Address 937 NW Glisan St Apt 933

City State Zip Code  
Portland OR 97209

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

Name of Employer The Vancouver Clinic  
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 02 / 2010

**Transaction ID:** 6E1D3365-2033-4EB4-

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Laura Leigh H. Younce, M.D., F.A.

Mailing Address 9809 Indian Trail-Fairview Road

City State Zip Code  
Indian Trail NC 28079-6768

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  
04 / 13 / 2010

**Transaction ID:** E6985AEB4FC8643DCE0

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1590.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 34 / 39	
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Don B. Ziperman, M.D., F.A.		Date of Receipt	
	Mailing Address 1400 N Ritter Avenue #500		M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> FC5CE5A2A6C292CFF4C
	Indianapolis	IN	46219-3051	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		1000.00	
Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	31137.67

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 39  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input 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	State	Zip Code
Richmond	VA	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 ▼  
5659.82

Date of Receipt

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

Transaction ID: DC8D3828115AF78BD44

Amount of Each Receipt this Period  
2199.81

Reimburse. for March Amex  
and April Merchant Fees

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2199.81
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2199.81

**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 36 / 39

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement

April Amex Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: V35E222555FD389F711D

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement

April Merchant Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: M03083EF66199B54238C

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**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)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Arlen Specter</p> <p>Mailing Address 236 Massachusetts Avenue NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Arlen Specter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 42682883CC2605B8A4D <b>Date of Disbursement</b> 04 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 120 Maryland Ave NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Democratic Senatorial Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> 306FD2309C6CDA3C378 <b>Date of Disbursement</b> 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Grassley Committee Inc</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 1ECACDF46973DC26705 <b>Date of Disbursement</b> 04 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

20000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 Second Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name National Republican Senatorial Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> CC7D361AC9C5E5F1BDE</p> <p>Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Reed Committee</p> <p>Mailing Address PO Box 8628</p> <p>City Cranston State RI Zip Code 02920</p> <p>Purpose of Disbursement 2014 Primary</p> <p>Candidate Name Jack Reed</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> A8432B8B80426D66F98</p> <p>Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Robert Aderholt for Congress</p> <p>Mailing Address PO Box 1158</p> <p>City Haleyville State AL Zip Code 35565</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Robert B. Aderholt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 36D56F64E6851A5BFD7</p> <p>Date of Disbursement 04 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

20000.00

**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 39 / 39

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tiberi for Congress

Transaction ID: ABFF1FB57A2B6B7926E

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	0

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City State Zip Code  
Columbus OH 43231

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
2010 Primary

011
Category/ Type

Candidate Name  
Pat Tiberi

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

SUBTOTAL of Disbursements This Page (optional) ..... ▶

2500.00
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TOTAL This Period (last page this line number only) ..... ▶

42500.00
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