

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American College of Cardiology Political Action Committee

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

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

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

5. Covering Period 05 01 2014 through 05 31 2014

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

Type or Print Name of Treasurer Carlton G. Davids

Signature of Treasurer Carlton G. Davids [Electronically Filed] Date 06 20 2014

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="46326.98"/>	<input type="text" value="46326.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="86420.60"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="24362.32"/>	<input type="text" value="256658.31"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="110782.92"/>	<input type="text" value="302985.29"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="27273.41"/>	<input type="text" value="219475.78"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="83509.51"/>	<input type="text" value="83509.51"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

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).....	17430.74	207305.80
(ii) Unitemized	5617.11	41906.21
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23047.85	249212.01
(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)	23047.85	249212.01
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).....	1314.47	7446.30
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 Transfers (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))..... ▶	24362.32	256658.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24362.32	256658.31

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	1273.41	7474.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1273.41	7474.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	212000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	1.00
(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	1.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	27273.41	219475.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27273.41	219475.78

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	23047.85	249212.01
34. Total Contribution Refunds (from Line 28(d))	0.00	1.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23047.85	249211.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1273.41	7474.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1314.47	7446.30
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-41.06	28.48

**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 OF 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. Kenneth V. Adams F.A.C.C.		Date of Receipt
Mailing Address 5300 Noble Cir S		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Jacksonville	State FL	Zip Code 32211-6971
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 585AC99A4184C1E1BA4
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. Anwar Ahmad F.A.C.C.		Date of Receipt
Mailing Address 1801 S Florey Ave		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Mount Pleasant	State TX	Zip Code 75455-5929
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2BAD0D95DC34EE745A1
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) c. Jay H. Alexander F.A.C.C.		Date of Receipt
Mailing Address 2256 Carlyle Ct		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Buffalo Grove	State IL	Zip Code 60089-4695
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4E6F9566DCC42C8E68EC
Name of Employer North Shore Cardiologists, SC		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 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. Juan M. Aranda F.A.C.C.		Date of Receipt MM / DD / YYYY 05 / 07 / 2014 Transaction ID : 4D95A6A55C3B523DC92F
Mailing Address 356 Turkey Crk		Amount of Each Receipt this Period 166.67
City Alachua	State FL	Zip Code 32615-9367
FEC ID number of contributing federal political committee.	C	
Name of Employer Shands at the University of Florida	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	

Full Name (Last, First, Middle Initial) B. Constantine L. Athanasuleas F.A.C.C.		Date of Receipt MM / DD / YYYY 05 / 21 / 2014 Transaction ID : 1A0CF3AECA6788B1397
Mailing Address 1530 3rd Ave S Tht 720		Amount of Each Receipt this Period 250.00
City Birmingham	State AL	Zip Code 35294-0002
FEC ID number of contributing federal political committee.	C	
Name of Employer University of Alabama At Birmingham	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. Alfred A. Bove PHD, M.A.C		Date of Receipt MM / DD / YYYY 05 / 25 / 2014 Transaction ID : 4C3483343A30B17A74CF
Mailing Address 110 Anton Rd		Amount of Each Receipt this Period 100.00
City Wynnewood	State PA	Zip Code 19096-1226
FEC ID number of contributing federal political committee.	C	
Name of Employer Temple 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	

SUBTOTAL of Receipts This Page (optional).....▶	516.67
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 8 OF 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. Joseph G. Cacchione F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5740 Hickory Knoll Ct
 City Fairview State PA Zip Code 16415-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Foundation Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.00**

Date of Receipt **05 / 25 / 2014**
Transaction ID : 4AC8AE029CEC804D970F
 Amount of Each Receipt this Period **125.00**

B. Peter J. Chaille F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 Chestnut Forest Cv
 City Fort Wayne State IN Zip Code 46814-8926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkview Physicians Group, Cardiology Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.30**

Date of Receipt **05 / 03 / 2014**
Transaction ID : 4315B3D18D63190B4C3E
 Amount of Each Receipt this Period **41.66**

c. Hollace D. Chastain F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1819 Braemar Dr
 City Fort Wayne State IN Zip Code 46814-9364
 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 **05 / 29 / 2014**
Transaction ID : 4EB9B6DC91C98C75FFF9
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **266.66**
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 OF 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

Full Name (Last, First, Middle Initial) A. Richard A. Chazal M.D., F.A.			Date of Receipt MM / DD / YYYY 05 / 07 / 2014 Transaction ID : 425C82BA86D340610FAE		
Mailing Address 671 N Town and River Dr			Amount of Each Receipt this Period 83.34		
City Fort Myers	State FL	Zip Code 33919-5931			
FEC ID number of contributing federal political committee. C					
Name of Employer The Heart Group	Occupation ADULT CARDIOLOGY				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.69				

Full Name (Last, First, Middle Initial) B. Dave Yu Chua MS, F.A.C.			Date of Receipt MM / DD / YYYY 05 / 30 / 2014 Transaction ID : D87CBEFA59F81BA8065		
Mailing Address 5180 Ridge Rd			Amount of Each Receipt this Period 365.00		
City Lisle	State IL	Zip Code 60532-3386			
FEC ID number of contributing federal political committee. C					
Name of Employer Dreyer Medical Clinic	Occupation PREVENTIVE CARDIOLOGY				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00				

Full Name (Last, First, Middle Initial) C. Thomas J. Ciotola F.A.C.C.			Date of Receipt MM / DD / YYYY 05 / 21 / 2014 Transaction ID : E45ABD0A6DC30BE46A0		
Mailing Address 118 Ferrara Ave			Amount of Each Receipt this Period 400.00		
City Hazleton	State PA	Zip Code 18201-7554			
FEC ID number of contributing federal political committee. C					
Name of Employer Cardiology Associates of Greater Hazle	Occupation NON-INVASIVE CARDIOLOGY				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00				

SUBTOTAL of Receipts This Page (optional).....▶	848.34
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 10 OF 35
	(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"/> 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. Bernard A. Clark F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 95 Johnny Cake Ln
 City Glastonbury State CT Zip Code 06033-2545
 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 **250.00**

Date of Receipt **05 / 29 / 2014**
Transaction ID : 41D38693231034E19859
 Amount of Each Receipt this Period **50.00**

B. George H. Crossley F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 276 Stratton Pl
 City Brentwood State TN Zip Code 37027-4228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Thomas Heart Occupation ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **05 / 25 / 2014**
Transaction ID : 427DA37F43D037A1055B
 Amount of Each Receipt this Period **250.00**

c. Timothy A. Dewhurst F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6923 40th Ave SW
 City Seattle State WA Zip Code 98136-1911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **05 / 07 / 2014**
Transaction ID : 457DA1281F02E1E2EE14
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **400.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 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. Dwight A. Dishmon F.A.C.C.		Date of Receipt MM / DD / YYYY 05 / 17 / 2014 Transaction ID : 476A9AA656ED1BEC89B3
Mailing Address 2044 Flowers Oak Cv		Amount of Each Receipt this Period 250.00
City Memphis	State TN	Zip Code 38138-3738
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Richard Ericson F.A.C.C.		Date of Receipt MM / DD / YYYY 05 / 21 / 2014 Transaction ID : 470B99D096288F262347
Mailing Address 2712 Lake Front Ct		Amount of Each Receipt this Period 15.00
City Modesto	State CA	Zip Code 95355-2262
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 ▼ 275.00	

Full Name (Last, First, Middle Initial) C. David M. Evans F.A.C.C.		Date of Receipt MM / DD / YYYY 05 / 09 / 2014 Transaction ID : 428B88D696A49363A630
Mailing Address 130 Ashlei Ln		Amount of Each Receipt this Period 100.00
City Searcy	State AR	Zip Code 72143-3024
FEC ID number of contributing federal political committee. C		
Name of Employer Heart Clinic Arkansas	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	365.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 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. Kevin Fitzpatrick		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 18 / 2014 Transaction ID : 4844879B63415B5381B4
Mailing Address 2400 N St NW Heart House		Amount of Each Receipt this Period 83.34
City Washington	State DC	Zip Code 20037-1153
FEC ID number of contributing federal political committee. C		
Name of Employer American College of Cardiology	Occupation ADMINISTRATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) B. Edward T. A. Fry F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2014 Transaction ID : 41C988DD11882572E1EE
Mailing Address 160 E 71st St		Amount of Each Receipt this Period 100.00
City Indianapolis	State IN	Zip Code 46220-1012
FEC ID number of contributing federal political committee. C		
Name of Employer St. Vincent Medical Group	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Michael F. Gilson F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 03 / 2014 Transaction ID : 4090B40C1B65EEBF80CE
Mailing Address 100 Prospect St		Amount of Each Receipt this Period 100.00
City Providence	State RI	Zip Code 02906-1446
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	283.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 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. Prospero B. Gogo F.A.C.C.		Date of Receipt MM / DD / YYYY 05 / 28 / 2014 Transaction ID : 455287ED24BE515BC636
Mailing Address 111 Colchester Ave McClure 1, Cardiology Unit		Amount of Each Receipt this Period 83.34
City Burlington	State VT	Zip Code 05401-1473
FEC ID number of contributing federal political committee. C		
Name of Employer University of Vermont/Fletcher Allen H	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) B. Maruthi V. Gottimukkala F.A.C.C.		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 Transaction ID : BD5872710FA7F017576
Mailing Address 1613 Arrowhead Pt Ste 120		Amount of Each Receipt this Period 250.00
City Virginia Beach	State VA	Zip Code 23455-4407
FEC ID number of contributing federal political committee. C		
Name of Employer Sentara Cardiology Specialists	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. Munish K. Goyal F.A.C.C.		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 Transaction ID : 263663626D29CE08913
Mailing Address 800 Reynolds Crst		Amount of Each Receipt this Period 250.00
City Vestavia	State AL	Zip Code 35242-7481
FEC ID number of contributing federal political committee. C		
Name of Employer Heart South Cardiovascular Group PC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	583.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 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. Bhavdeep K. Gupta F.A.C.C.		Date of Receipt
Mailing Address 5268 River Club Dr		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Suffolk	VA	23435-3513
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 138CF89F729BB75D014
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	ADULT CARDIOLOGY	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bhavdeep K. Gupta F.A.C.C.		Date of Receipt
Mailing Address 5268 River Club Dr		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Suffolk	VA	23435-3513
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6B6B69820AAE67833C9
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	ADULT CARDIOLOGY	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Vinod K. Gupta F.A.C.C.		Date of Receipt
Mailing Address 100 Willow Plz Ste 200		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Visalia	CA	93291-6213
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 2DC6EC6EBE1B16BE741
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	ADULT CARDIOLOGY	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 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. David R. Holmes M.A.C.C.			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 25 / 2014 Transaction ID : 4B78A3B0E31396CBF2A5
Mailing Address 1122 21st St NE			Amount of Each Receipt this Period 83.34
City Rochester	State MN	Zip Code 55906-4059	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 416.70
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 ▼		

Full Name (Last, First, Middle Initial) B. Daniel J. Humiston F.A.C.C.			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2014 Transaction ID : 489682912CB4E9C0B0DD
Mailing Address 2132 N 1700 W Ste 200			Amount of Each Receipt this Period 208.34
City Layton	State UT	Zip Code 84041-7060	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1041.69
Name of Employer Utah Cardiology, PC	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) C. Robert B. Johnson F.A.C.C.			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 21 / 2014 Transaction ID : 06C1F3DB3B1C26F9A64
Mailing Address 240 E Sheridan Rd			Amount of Each Receipt this Period 250.00
City Lake Bluff	State IL	Zip Code 60044-2732	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
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 ▼		

SUBTOTAL of Receipts This Page (optional).....▶	541.68
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 16 OF 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. Jerry D. Kennett M.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4614 Copperstone Ct
 City Columbia State MO Zip Code 65203-1696
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Cardiovascular Specialists Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : 47FB93B54DAA7B6BBB3E
 Amount of Each Receipt this Period
 500.00

B. Steven E. Kornberg F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 Medical Center Way FI 2
 City Somers Point State NJ Zip Code 08244-2306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn Cardiology Somers Point Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2014
Transaction ID : 476894394BD84F709452
 Amount of Each Receipt this Period
 41.66

c. Smadar Kort F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Mimosa Dr
 City Roslyn State NY Zip Code 11576-2215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stony Brook University Medical Center Occupation ECHOCARDIOGRAPHY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2014
Transaction ID : 461B8AE4E555A52D8121
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 35
(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

Full Name (Last, First, Middle Initial)
A. William A. Kutchera F.A.C.C.
Mailing Address 822 Overlook Pl
City Anchorage State AK Zip Code 99501-3284
FEC ID number of contributing federal political committee. **C**
Name of Employer Alaska Heart Institute LLC 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
05 / 21 / 2014
Transaction ID : D9158C7CDC53E0C38E5
Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Gilead I. Lancaster F.A.C.C.
Mailing Address 15 Mine Hill Rd
City Redding State CT Zip Code 06896-2701
FEC ID number of contributing federal political committee. **C**
Name of Employer Bridgeport Hospital Dept of Echo Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.70

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 07 / 2014
Transaction ID : 44D5A39137B52B37C23E
Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. Stamatios Lerakis F.A.C.C.
Mailing Address 1365 Clifton Rd NE Ste AT-504
City Atlanta State GA Zip Code 30322-1013
FEC ID number of contributing federal political committee. **C**
Name of Employer Emory Clinic, Inc. 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
05 / 21 / 2014
Transaction ID : 3E8A7440185C94D8570
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 833.34
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 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. Sandra J. Lewis F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5342 SW Hewett Blvd
 City Portland State OR Zip Code 97221-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NW Cardiovascular Institute Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **05 / 07 / 2014**
Transaction ID : 4133A3D59541D8F972A5
 Amount of Each Receipt this Period **83.34**

B. Sunil V. Mankad F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 1st St SW Gonda 5 South Room 5-209
 City Rochester State MN Zip Code 55905-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **499.99**

Date of Receipt **05 / 12 / 2014**
Transaction ID : 4ABF82E553BDFE8C5E8A
 Amount of Each Receipt this Period **83.33**

C. Viral Y. Mehta F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5945 Truxtun Ave
 City Bakersfield State CA Zip Code 93309-0610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comprehensive Crdvsclr Medcl Grp Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 15 / 2014**
Transaction ID : 6FDD1B8AA3378440709
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **666.67**
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 OF 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. J. Scott Millikan F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3319 Alpine Dr
 City Billings State MT Zip Code 59102-0341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Billings Clinic Please use ID #785494 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 Y
 05 / 21 / 2014
Transaction ID : 18EEE059E82B81D86DF
 Amount of Each Receipt this Period
 250.00

B. Margo B. Minissian MSN, CNS,
 Full Name (Last, First, Middle Initial)
 Mailing Address 127 S San Vicente Blvd Ste A9306
 City Los Angeles State CA Zip Code 90048-3311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedars Sinai Heart Institute Womens He Occupation PREVENTIVE CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 920.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : 4BB3A2969B281F371107
 Amount of Each Receipt this Period
 184.00

c. Marc A. Mugmon F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7193 Collingwood Ct
 City Elkridge State MD Zip Code 21075-5548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chesapeake CardioVascular Associates Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 416.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2014
Transaction ID : 472ABB6366D39AB0DAB
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... **517.34**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 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	<input type="checkbox"/> 18

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

Full Name (Last, First, Middle Initial) A. Vaughn W. Payne F.A.C.C.		Date of Receipt MM / DD / YYYY 05 / 25 / 2014 Transaction ID : 4EBABF11FB56171C2663
Mailing Address 2018 Fairway Vista Dr		Amount of Each Receipt this Period 83.33
City Louisville	State KY	Zip Code 40245-6527
FEC ID number of contributing federal political committee. C	Name of Employer Kentucky Heart Institute	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

Full Name (Last, First, Middle Initial) B. William H. Pentz F.A.C.C.		Date of Receipt MM / DD / YYYY 05 / 01 / 2014 Transaction ID : 4752B837B0E35BD642B8
Mailing Address 20 Rebel Rd		Amount of Each Receipt this Period 90.00
City Radnor	State PA	Zip Code 19087-2809
FEC ID number of contributing federal political committee. C	Name of Employer Penn Cardiology At Pennsylvania Hospit	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) c. Matthew Phillips F.A.C.C.		Date of Receipt MM / DD / YYYY 05 / 07 / 2014 Transaction ID : 4B5CBCBEE33A4BA04057
Mailing Address 12721 Monte Castillo Pkwy		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78732-1631
FEC ID number of contributing federal political committee. C	Name of Employer Austin Heart, P.A.	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	273.33
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 21 OF 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. John W. Pickrell F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Elkhorn Valley Dr
 City Casper State WY Zip Code 82609-4620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wyoming CardioPulmonary Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **425.00**

Date of Receipt **05 / 18 / 2014**
Transaction ID : 44AAAA1C69D0D9468105
 Amount of Each Receipt this Period **85.00**

B. George P. Rodgers M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11673 Jollyville Rd Ste 205-B
 City Austin State TX Zip Code 78759-4200
 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 **416.69**

Date of Receipt **05 / 23 / 2014**
Transaction ID : 46A4AF97D57F5987F8C4
 Amount of Each Receipt this Period **83.34**

c. Orlando Rodriguez-Vila F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8329 Fernandez Juncos Station
 City San Juan State PR Zip Code 00910-0329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ORV Interventional Cardiology Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **05 / 07 / 2014**
Transaction ID : 4E2D8C1A345267CD3BA8
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **251.68**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 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. David A. Rosenbaum F.A.C.C.		Date of Receipt
Mailing Address 1400 E Boulder St Ste 700		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Colorado Springs	CO	80909-5533
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4DA8B585416381196417
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	CLINICAL CARDIOLOGY/GENERAL CARDIO	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="333.36"/>	

Full Name (Last, First, Middle Initial) B. Carl Linnaeus Rouch F.A.C.C.		Date of Receipt
Mailing Address 741 Round Hill Rd		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Indianapolis	IN	46260-2917
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 2ADAA733A059E77CD72
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	INTERVENTIONAL CARDIOLOGY	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. John S. Rumsfeld PHD, F.A.C		Date of Receipt
Mailing Address 130 S Cherry St		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Denver	CO	80246-1031
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 42CDAD5362AA6EDAF78D
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	ADULT CARDIOLOGY	<input type="text" value="83.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="416.65"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="266.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 35
	(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"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Paul A. Ruzumna F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1221 Maple Ave
 City Wilmette State IL Zip Code 60091-2542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Heart Specialists Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **05 / 15 / 2014**
Transaction ID : 92CD2EF58F346E9F8D6
 Amount of Each Receipt this Period **200.00**

B. Paul A. Ruzumna F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1221 Maple Ave
 City Wilmette State IL Zip Code 60091-2542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Heart Specialists Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **05 / 15 / 2014**
Transaction ID : D13FD0EB039418DD87E
 Amount of Each Receipt this Period **200.00**

C. Marc E. Shelton F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3700 Vanderbilt Cir PO Box 19420
 City Springfield State IL Zip Code 62711-4012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prairie Cardiovascular Consultants Ltd Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.99**

Date of Receipt **05 / 12 / 2014**
Transaction ID : 4556866D75C78CBD8A30
 Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional)..... **483.33**
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 24 OF 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. John W. Shuck F.A.C.C.			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2014 Transaction ID : 41BD85E1319B1E1845B6
Mailing Address 1100 Forrest Ave			Amount of Each Receipt this Period 83.33
City Dover	State DE	Zip Code 19904-3309	
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Consultants	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99		

Full Name (Last, First, Middle Initial) B. Michael J. Springer F.A.C.C.			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 25 / 2014 Transaction ID : 41E9A6E8A448359C0BFF
Mailing Address 803 Towner Pl			Amount of Each Receipt this Period 41.66
City Louisville	State KY	Zip Code 40223-2568	
FEC ID number of contributing federal political committee. C			
Name of Employer Medical Center Cardiologists	Occupation ELECTROPHYSIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30		

Full Name (Last, First, Middle Initial) c. Thomas D. Stuckey F.A.C.C.			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2014 Transaction ID : 1ACA7003-DF88-441A-
Mailing Address 1126 N Church St Ste 300			Amount of Each Receipt this Period 250.00
City Greensboro	State NC	Zip Code 27401-1037	
FEC ID number of contributing federal political committee. C			
Name of Employer LeBauer Cardiovasc. Res. Found.	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional).....▶	374.99
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 25 OF 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. Lee B. Taylor F.A.C.C.		Date of Receipt MM / DD / YYYY 05 / 21 / 2014 Transaction ID : 4AF2C3C3E88C575EBE0
Mailing Address 133 Stonehaven Dr		Amount of Each Receipt this Period 500.00
City Greenville	State SC	Zip Code 29607-3019
FEC ID number of contributing federal political committee.	C	
Name of Employer Carolina Cardiology Consultants, 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	

Full Name (Last, First, Middle Initial) B. Suma A. Thomas F.A.C.C.		Date of Receipt MM / DD / YYYY 05 / 25 / 2014 Transaction ID : 4942A13D3EA8CE3193C1
Mailing Address 701 W Lakeside Ave Apt 1008		Amount of Each Receipt this Period 208.34
City Cleveland	State OH	Zip Code 44113-5518
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 ▼ 1041.70	

Full Name (Last, First, Middle Initial) C. Neil W. Trask F.A.C.C.		Date of Receipt MM / DD / YYYY 05 / 21 / 2014 Transaction ID : 52C7B8E9240CFEE2089
Mailing Address 9310 Cove Dr		Amount of Each Receipt this Period 375.00
City Myrtle Beach	State SC	Zip Code 29572-5000
FEC ID number of contributing federal political committee.	C	
Name of Employer Cardiology Gastroenterology Assocs PA	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional).....▶	1083.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 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. Renu Virmani F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5404 Surrey St
 City Chevy Chase State MD Zip Code 20815-5527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CVPath Institute, Inc. Occupation PATHOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 21 / 2014**
Transaction ID : 8925A47266A1673AD86
 Amount of Each Receipt this Period **250.00**

B. Thad F. Waites F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1017 Richburg Rd
 City Hattiesburg State MS Zip Code 39402-9055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Heart Center Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.36**

Date of Receipt **05 / 07 / 2014**
Transaction ID : 4787A91744A2C48F24E0
 Amount of Each Receipt this Period **208.34**

C. Howard T. Walpole MBA, F.A.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Lexington Ct
 City Nashville State TN Zip Code 37215-3256
 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 **833.36**

Date of Receipt **05 / 07 / 2014**
Transaction ID : 4991ACC8910FA2A2D15D
 Amount of Each Receipt this Period **208.34**

SUBTOTAL of Receipts This Page (optional)..... **666.68**
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 27 OF 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. Mary Norine Walsh M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 428 W 83rd Pl
 City Indianapolis State IN Zip Code 46260-4905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Vincent Heart Center of Indiana Occupation HEART FAILURE/TRANSPLANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 29 / 2014**
Transaction ID : 413080ADBC2C68C08775
 Amount of Each Receipt this Period **100.00**

B. Bruce A. Watt F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2109 S Main Ave
 City Sioux Falls State SD Zip Code 57105-3827
 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 **416.65**

Date of Receipt **05 / 08 / 2014**
Transaction ID : 49BFA7F2D50629F545F0
 Amount of Each Receipt this Period **83.33**

C. Steven R. West F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 Mutton Creek Dr Ste 120
 City Seymour State IN Zip Code 47274-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Vincent Medical Group Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **208.35**

Date of Receipt **05 / 25 / 2014**
Transaction ID : 453AA96270033A923D54
 Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **225.00**
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 OF 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

Full Name (Last, First, Middle Initial) A. Donald R. Westerhausen F.A.C.C.			Date of Receipt	
Mailing Address 52346 Spring Arbor Ct			M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014	
City Granger State IN Zip Code 46530-6247			Transaction ID : 2676FF0438035343B3C	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2000.00	
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 ▼ 4000.00		

Full Name (Last, First, Middle Initial) B. Donald R. Westerhausen F.A.C.C.			Date of Receipt	
Mailing Address 52346 Spring Arbor Ct			M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014	
City Granger State IN Zip Code 46530-6247			Transaction ID : D5FCA124CBC17696704	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2000.00	
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 ▼ 4000.00		

Full Name (Last, First, Middle Initial) c. Richard F. Wright F.A.C.C.			Date of Receipt	
Mailing Address 1038 S Carmelina Ave			M M M / D D D / Y Y Y Y Y Y 05 / 07 / 2014	
City Los Angeles State CA Zip Code 90049-5810			Transaction ID : 490FBDAC475F71299D04	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 150.00	
Name of Employer Pacific Heart Institute		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional).....▶	4150.00
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 29 OF 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. Lambert A. Wu F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1524 NW Grove Ave
 City Topeka State KS Zip Code 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 ▼ 916.70

Date of Receipt 05 / 07 / 2014
Transaction ID : 43FDBA633531FC7861C2
 Amount of Each Receipt this Period 208.34

B. David Z. Young M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 Shadow Oak Dr
 City Sudbury State MA Zip Code 01776-3165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heart Center of MetroWest Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 21 / 2014
Transaction ID : 7104E23E86DF9CAB8E3
 Amount of Each Receipt this Period 300.00

c. David Z. Young M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 Shadow Oak Dr
 City Sudbury State MA Zip Code 01776-3165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heart Center of MetroWest Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 30 / 2014
Transaction ID : 84D6B5B3A9121EA208B
 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional).....▶	808.34
TOTAL This Period (last page this line number only).....▶	17430.74

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

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

FOR LINE NUMBER: PAGE 30 OF 35
(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

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

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 7446.30

Date of Receipt
 05 / 12 / 2014
Transaction ID : 9333886A64399F8A12A

Amount of Each Receipt this Period
 1314.47

Reimbursement for April Amex Fees and May Merchant Fees

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1314.47
TOTAL This Period (last page this line number only).....▶	1314.47

**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 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

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
May 2014 Amex Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	4

Transaction ID : V3FC163AC935B57F5BBE

Amount of Each Disbursement this Period

1	9	9	4	8
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Wells Fargo, N.A.

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
May 2014 Merchant Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : M690349DEB2976CBC510

Amount of Each Disbursement this Period

1	0	7	3	9	3
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--

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

1	2	7	3	4	1
---	---	---	---	---	---

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

1	2	7	3	4	1
---	---	---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. Blumenauer for Congress

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement
2014 Primary

011

Candidate Name

Earl Blumenauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

Transaction ID : 129F7AA187FC82BB468

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Dr Brian Babin for Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement
2014 Primary Run-Off

011

Candidate Name

Brian Babin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	4

Transaction ID : 05462594E2158E61898

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Bob Johnson

Mailing Address PO Box 16401

City Savannah State GA Zip Code 31416

Purpose of Disbursement
2014 Primary Run-Off

011

Candidate Name

Robert Eugene Johnson M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

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

Transaction ID : 0728840EA89ADA6C6D6

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. Friends of Mark Warner

Mailing Address 2034 Eisenhower Avenue, Suite 222

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 Primary

011

Candidate Name

Mark Robert Warner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014

Transaction ID : 74EA49566152EE55896

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. John Lewis for Congress

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement
2014 Primary

011

Candidate Name

John R. Lewis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014

Transaction ID : 2ABEA301CD639DF7081

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mike Kelly for Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement
2014 General

011

Candidate Name

G. Mike J. Kelly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : F365A6FBAAEBDAB03AF

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

Full Name (Last, First, Middle Initial)

A. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Michael C. Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : 3097359E0838A4D7353

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Michael C. Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : 75F3E24D1A14B0733F8

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Terri Sewell for Congress

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Terri A. Sewell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

Transaction ID : A6D7513EACCFDF54BC1

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7	5	0	0	0	0	0	0	0	0
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2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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

Full Name (Last, First, Middle Initial)

A. Tim Murphy for Congress

Mailing Address PO Box 24551

City State Zip Code
Pittsburgh PA 15234

Purpose of Disbursement
2014 Primary

011

Candidate Name

Timothy F. Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

Transaction ID : 95F6CE630D766EB0E50

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Whitfield for Congress Committee

Mailing Address PO Box 391

City State Zip Code
Hopkinsville KY 42241

Purpose of Disbursement
2014 Primary

011

Candidate Name

Edward Whitfield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	4

Transaction ID : 178DA316FC6BE8E6F85

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

5000.00

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

26000.00