

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 06 01 2011 through 06 30 2011

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 Electronically Filed by Carlton G. Davids Date 07 14 2011

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

Office Use Only								
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**FEC FORM 3X**  
(Rev. 12/2004)

**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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		66368.13
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	145272.47									
(c) Total Receipts (from Line 19) .....	24423.12	267182.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	169695.59	333550.84								
7. Total Disbursements (from Line 31) .....	145346.91	309202.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	24348.68	24348.68								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	20184.52	212329.04
(ii) Unitemized .....	3368.99	46374.75
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	23553.51	258703.79
(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) .....	23553.51	258703.79
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) .....	869.61	8478.92
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)) .....	24423.12	267182.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24423.12	267182.71

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	846.91	8452.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	846.91	8452.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	144500.00	298500.00
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	2250.00
(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	2250.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	145346.91	309202.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	145346.91	309202.16

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) .....	23553.51	258703.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23553.51	256453.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	846.91	8452.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	869.61	8478.92
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-22.70	-26.76

**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 / 51
	<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) Jay H. Alexander, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 20 / 2011
	Mailing Address 2256 Carlyle Ct	<b>Transaction ID:</b> 4F01A3812822C3B66CEC
	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 ▼ 1700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Abul W. Basher, M.B.B.S.,	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 14628 Carrigan Ct	<b>Transaction ID:</b> D7063D902B5C273576E
	City State Zip Code Granger IN 46530-4222	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer La Porte Cardiology	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>C.</b>	Full Name (Last, First, Middle Initial) William B. Bauman, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 670 Pine Point Dr	<b>Transaction ID:</b> AC1BC4827C17D222C18
	City State Zip Code Akron OH 44333-1779	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Summa Health System	Occupation INTERVENTIONAL 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) .....	▶	1065.00
<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 7 / 51  
(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)  
Richard H. Becker, M.D., F.A.  
Mailing Address 2521 Maple Ave

City State Zip Code  
Cortlandt Manor NY 10567-6213

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

Name of Employer Hudson Valley Card. Grp. P.C. Occupation ADULT CARDIOLOGY

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

Date of Receipt: 06 / 15 / 2011  
Transaction ID: B46B6F60-B21B-4061-  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Richard H. Becker, M.D., F.A.  
Mailing Address 2521 Maple Ave

City State Zip Code  
Cortlandt Manor NY 10567-6213

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

Name of Employer Hudson Valley Card. Grp. P.C. Occupation ADULT CARDIOLOGY

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

Date of Receipt: 06 / 15 / 2011  
Transaction ID: 51B8432E-814C-407B-  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Alan E. Benheim, M.D., F.A.  
Mailing Address 8316 Arlington Blvd Ste 610

City State Zip Code  
Fairfax VA 22031-5204

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

Name of Employer Pediatric Cardiology Associates, P.C. Occupation PEDIATRIC CARD.

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

Date of Receipt: 06 / 17 / 2011  
Transaction ID: 563E34CC54FCC155F58  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

**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 8 / 51
	<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) Selvyn B. Bleifer, M.D., F.A.		Date of Receipt		
	Mailing Address 414 N Camden Dr Ste 1100		M M / D D / Y Y Y Y Y 06 / 06 / 2011		
	City Beverly Hills	State CA	Zip Code 90210-4517	<b>Transaction ID:</b> 1DE598D6945C00BB40D	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00		
	Name of Employer Cardiovascular Medical Group	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 730.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ralph G. Brindis, M.D., M.P.		Date of Receipt		
	Mailing Address 1410 Monterey Blvd		M M / D D / Y Y Y Y Y 06 / 08 / 2011		
	City San Francisco	State CA	Zip Code 94127-2554	<b>Transaction ID:</b> 4DA4A68B5FCC05CDCAAD	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00		
	Name of Employer Oakland Kaiser Medical Center	Occupation INTERVENTIONAL CARDIOLOGY	Aggregate Year-to-Date 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Alan S. Brown, M.D., F.A.		Date of Receipt		
	Mailing Address 1912 Alta Vista Ct		M M / D D / Y Y Y Y Y 06 / 30 / 2011		
	City Naperville	State IL	Zip Code 60563-1815	<b>Transaction ID:</b> 44ED8D5B5B7DC93A6387	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00		
	Name of Employer Midwest Heart Specialists-Edward Heart	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>565.00</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 9 / 51  
(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)  
Vincent J. Bufalino, M.D., F.A.  
Mailing Address 583 Hill Ave  
City State Zip Code  
Glen Ellyn IL 60137-5033  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Midwest Heart Specialists- ADULT CARDIOLOGY  
Edward Heart  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2011  
**Transaction ID: 28C63398811BADDE9B0**  
Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Hollace D. Chastain, II, M.D.,  
Mailing Address 1819 Braemar Dr  
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: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2011  
**Transaction ID: 4AB8B1C978A30C143DDC**  
Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dave Yu Chua, M.D., M.S.  
Mailing Address 1531 Watkins Ln  
Unit 203  
City State Zip Code  
Naperville IL 60540-9264  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Dreyer Medical Clinic PREVENTIVE CARDIOLOGY  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2011  
**Transaction ID: 4627CF1456953B18712**  
Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 715.00  
**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 10 / 51
	<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) Bernard A. Clark, III, M.D.,	Date of Receipt MM / DD / YYYY 06 / 29 / 2011
	Mailing Address 95 Johnny Cake Ln	<b>Transaction ID:</b> 412DAF047C299C601B59
	City State Zip Code Glastonbury CT 06033-2545	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer St. Francis Hospital and Medical Centre	Occupation ADULT 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) Jason H. Cole, M.D., M.S.	Date of Receipt MM / DD / YYYY 06 / 28 / 2011
	Mailing Address 3715 Dauphin St Ste 4400	<b>Transaction ID:</b> 073B455E91AC6F0D0FA
	City State Zip Code Mobile AL 36608-1727	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>C.</b>	Full Name (Last, First, Middle Initial) Lianna S. Collinge, B.S.	Date of Receipt MM / DD / YYYY 06 / 08 / 2011
	Mailing Address 4014 88th Ave NW	<b>Transaction ID:</b> 476199E1A2FE8609C301
	City State Zip Code Gig Harbor WA 98335-6157	Amount of Each Receipt this Period 88.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Washington Chapter of the ACC	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 773.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>638.00</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 11 / 51  
(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)  
George H. Crossley, III, M.D.,

Mailing Address 276 Stratton Pl

City State Zip Code  
Brentwood TN 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  
MM / DD / YYYY  
06 / 08 / 2011

**Transaction ID:** 48E0965979B6CF72F104

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Berge J. Dadourian, M.D., F.A.

Mailing Address 3121 S Maryland Pkwy  
Ste 512

City State Zip Code  
Las Vegas NV 89109-2310

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

Name of Employer Nevada Cardiology Associates Occupation INTERNAL MED.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2011

**Transaction ID:** 1FB4C655E09349C8736

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Larry J. Diaz, M.D., F.A.

Mailing Address 1204 Kirkpatrick Cir

City State Zip Code  
Ormond Beach FL 32174-2833

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

Name of Employer The Heart Center of Florida Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2011

**Transaction ID:** 546865FFC19632EEE63

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **865.00**

**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 12 / 51  
(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 T. Elliott, M.D., F.A.

Mailing Address 402 Westmount Ave

City Columbia State MO Zip Code 65203-3467

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

Name of Employer Missouri Heart Center Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 06 / 2011  
**Transaction ID: 4B300F1AF503DE70284**  
Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Blair D. Erb, Jr., M.D.,

Mailing Address 905 Highland Blvd Ste 4330

City Bozeman State MT Zip Code 59715-6901

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

Name of Employer Cardiology Consultants of Bozeman Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt 06 / 08 / 2011  
**Transaction ID: 4439A67A1BA2A15D6A93**  
Amount of Each Receipt this Period 90.00

**C.**

Full Name (Last, First, Middle Initial)  
George A. Eyrich, M.D., F.A.

Mailing Address 617 Fairfax Rd E

City Mobile State AL Zip Code 36608-2939

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 ▼ 365.00

Date of Receipt 06 / 28 / 2011  
**Transaction ID: 0A9A34F294A70F2B431**  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1455.00

**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 13 / 51  
(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)  
Chester J. Falterman, M.D., F.A.

Mailing Address 1458 Avellino Cir

City Murfreesboro State TN Zip Code 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 ▼ 499.98

Date of Receipt 06 / 25 / 2011

**Transaction ID:** 453FBAD67539B6E466F3

Amount of Each Receipt this Period 83.33

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

Mailing Address 2718 Stephenson Ln NW

City Washington State DC Zip Code 20015-1504

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 ▼ 754.00

Date of Receipt 06 / 05 / 2011

**Transaction ID:** 4AD592EFC03A25300B6C

Amount of Each Receipt this Period 84.00

**C.** Full Name (Last, First, Middle Initial)  
Louis I. Fink, M.D., F.A.

Mailing Address 16 Chardonnay Ter

City Bedford State NH Zip Code 03110-5220

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

Name of Employer New England Heart Institute Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 17 / 2011

**Transaction ID:** 8DB4AC55A0890A0607C

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 667.33

**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 14 / 51
	<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)  
Kevin Fitzpatrick, PA-C

Mailing Address 2400 N St NW

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 25 / 2011

**Transaction ID:** 4975A1831556B1F9C2CF

Amount of Each Receipt this Period 83.33

**B.**

Full Name (Last, First, Middle Initial)  
Fetnat M. Fouad-Tarazi, M.D., F.A.

Mailing Address 32985 Creekside Dr

City Pepper Pike State OH Zip Code 44124-5274

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

Name of Employer The Cleveland Clinic FoundationCardiol Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 17 / 2011

**Transaction ID:** 56D1186B514E4365AFF

Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
Gordon L. Fung, M.D., F.A.

Mailing Address 1600 Divisadero St # 1609

City San Francisco State CA Zip Code 94115-3010

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

Name of Employer UCSF Medical Center at Mt. Zion Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 07 / 2011

**Transaction ID:** 49CCBB9C0810A2875968

Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 186.66

**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: PAGE 15 / 51

(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)

Suresh N. Gadasalli, M.D., F.A.

Mailing Address 500 E 4th St

City State Zip Code  
Odessa TX 79761-5110

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

Name of Employer Occupation  
Healthy Heart Center INTERVENTIONAL 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 6 / 0 6 / 2 0 1 1

Transaction ID: 4AD7C78C0968AA75D2F

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)

Michael R. Geer, M.D., F.A.

Mailing Address 525 Hill Pointe Ln  
Ste 200

City State Zip Code  
Chattanooga TN 37405-2152

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

Name of Employer Occupation  
Erlanger Medical Center NON-INVASIVE CARDIOLOGY

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

Date of Receipt

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

Transaction ID: 826F92733E2EC220797

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Michael F. Gilson, M.D., F.A.

Mailing Address 100 Prospect St

City State Zip Code  
Providence RI 02906-1446

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) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 1

Transaction ID: 4AB9B7E048641E7E838C

Amount of Each Receipt this Period  
100.00

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

1350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 51  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Lee W. Gould, M.D., F.A.

Mailing Address 3865 Country Club Dr

City Lewiston State ID Zip Code 83501-9622

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 06 / 23 / 2011

Transaction ID: 860A40C00876015EF2D

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Peter R. Gray, M.D., Ph.D

Mailing Address PO Box 4860

City Queensbury State NY Zip Code 12804-0860

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

Name of Employer Adirondack Cardiology Ass-oc., PC Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 18 / 2011

Transaction ID: 4D1E9AD66A935B8FAF91

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen C. Hammill, M.D., F.A.

Mailing Address 2071 Haverhill Rd NE

City Rochester State MN Zip Code 55906-6287

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 ▼ 400.00

Date of Receipt 06 / 17 / 2011

Transaction ID: 3A15E07445F5198A66B

Amount of Each Receipt this Period 400.00

**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 / 51  
(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)  
Jerome L. Hines, M.D., Ph.D.

Mailing Address 11 Salt Creek Ln  
Ste 2

City Hinsdale State IL Zip Code 60521-3032

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

Name of Employer Illinois Heart & Vascular Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.04

Date of Receipt 06 / 21 / 2011  
**Transaction ID:** 4BF5BEE362B85144C97D  
 Amount of Each Receipt this Period 83.34

**B.** Full Name (Last, First, Middle Initial)  
Mark E. Jacoby, M.D., F.A.

Mailing Address 1633 Amberley Ct SE

City East Grand Rapids State MI Zip Code 49506-4171

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

Name of Employer West Michigan Heart, P.C. Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 29 / 2011  
**Transaction ID:** FC2379DD237507380F2  
 Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
Lai Chow Kok, M.B.B.S.,

Mailing Address 5209 Huntscroft Ct

City Winston Salem State NC Zip Code 27106-4795

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

Name of Employer Winston-Salem Cardiology Occupation ELECTROPHYSIOLOGY

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 06 / 2011  
**Transaction ID:** FE56E5B3E8EF646B9C6  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 698.34

**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 18 / 51  
(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)  
Steven E. Kornberg, M.D., F.A.  
 Mailing Address 10 E New York Ave  
Ste 2  
 City Somers Point State NJ Zip Code 08244-2367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shore Heart Consultants, LLC Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96  
 Date of Receipt 06 / 18 / 2011  
**Transaction ID:** 428C94A900A68463CCD6  
 Amount of Each Receipt this Period 41.66

**B.** Full Name (Last, First, Middle Initial)  
Dennis R. Leahy, M.D., F.A.  
 Mailing Address 12448 Caleta Way  
 City San Diego State CA Zip Code 92128-2146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Escondido Cardiology Associates, Inc. Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt 06 / 28 / 2011  
**Transaction ID:** 0A8500092E0EAB99E2E  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Michael B. Lenhart, M.D., F.A.  
 Mailing Address 1550 Old Hawthorne Ln  
 City Cookeville State TN Zip Code 38506-3346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tennessee Heart PLLC Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt 06 / 17 / 2011  
**Transaction ID:** 54139EDFC23B9F64C97  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 791.66  
**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 19 / 51
	<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) Jack Lewin, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 08 / 2011
	Mailing Address 2400 N St NW	<b>Transaction ID:</b> 4811A1E5BD67E97C4D25
	City State Zip Code Washington DC 20037-1153	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sandra J. Lewis, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 08 / 2011
	Mailing Address 5342 SW Hewett Blvd	<b>Transaction ID:</b> 4CF5AB332BDA62CB671E
	City State Zip Code Portland OR 97221-2254	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer NW Cardiovascular Institute	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ricardo R. Martinez, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 06 / 2011
	Mailing Address 1577 Meridian Ave Apt 304	<b>Transaction ID:</b> 89C29EBD00BA3EA5182
	City State Zip Code Miami Beach FL 33139-3421	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>683.34</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 20 / 51  
(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)  
Jose Mathew, M.B.B.S.,  
Mailing Address 1101A Port Arthur Ter

City State Zip Code  
Leesville LA 71446-4635

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

Name of Employer Occupation  
Leesville Cardiology ADULT CARDIOLOGY

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

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2011  
**Transaction ID:** 85E819FF034118F019E  
Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Donald B. McElroy, M.D., F.A.  
Mailing Address 1020 W Bennett Ct

City State Zip Code  
Dunlap IL 61525-9353

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 ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011  
**Transaction ID:** 1C20355DAA742A709D2  
Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
Charles L. McIntosh, M.D., Ph.D  
Mailing Address 10500 Greenacres Dr

City State Zip Code  
Silver Spring MD 20903-1211

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

Name of Employer Occupation  
Self-Employed CARDIOVASC. SURG.

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

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2011  
**Transaction ID:** B4D14242EBC8D6A62C8  
Amount of Each Receipt this Period  
365.00

**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: PAGE 21 / 51  
(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. Mirro, M.D., F.A.  
 Mailing Address 2005 Prestwick Ln  
 City State Zip Code  
 Fort Wayne IN 46814-9317  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 1 1  
**Transaction ID:** 49C386D8E336B024ED35  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fort Wayne Cardiology Cor- ADULT CARDIOLOGY  
 poration  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1100.00

**B.** Full Name (Last, First, Middle Initial)  
Kirk L. Parr, M.D., F.A.  
 Mailing Address 10590 N Meridian St  
 Ste 300  
 City State Zip Code  
 Indianapolis IN 46290-1028  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 0 6 / 2 0 1 1  
**Transaction ID:** 3C39AB71FF9C7D978CF  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Care Group LLC ADULT CARDIOLOGY  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
E. Alan Paulk, Jr., M.D.,  
 Mailing Address 2800 Spalding Dr  
 City State Zip Code  
 Atlanta GA 30350-4624  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 0 6 / 2 0 1 1  
**Transaction ID:** 77118223983AB84185B  
 Amount of Each Receipt this Period  
 365.00  
 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) ▼ 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 715.00  
**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 22 / 51
	<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) David J. Pinnelas, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 06 / 2011
	Mailing Address 2 Hopi Ct	<b>Transaction ID:</b> 4648BC8D8C5EFCAB23C7
	City State Zip Code Manalapan NJ 07726-4628	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Shore Heart Group	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

<b>B.</b>	Full Name (Last, First, Middle Initial) Abdul R. Piracha, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 06 / 2011
	Mailing Address 100 New Hope Rd Ste 7	<b>Transaction ID:</b> B4D8EE3C301C8EDEF9
	City State Zip Code Princeton WV 24740-2143	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Princeton Internists Inc.	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>C.</b>	Full Name (Last, First, Middle Initial) James B. Powers, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 23 / 2011
	Mailing Address 11 Bowdoin Dr	<b>Transaction ID:</b> 48139C84B5B0867BC0AF
	City State Zip Code Falmouth ME 04105-2557	Amount of Each Receipt this Period 60.19
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Maine Cardiology Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 699.08	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>466.85</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 23 / 51
	<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) Thomas F. Rizzo, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 06 / 2011
	Mailing Address 203 Hillcrest Ave	<b>Transaction ID:</b> 4995BCE702B61FC79FC
	City State Zip Code Neptune 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) George P. Rodgers, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 21 / 2011
	Mailing Address 2441 Westlake Dr	<b>Transaction ID:</b> 41A2B19BDDDB95589BDF0
	City State Zip Code Austin TX 78746-2950	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Biophysical Corporation	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

<b>C.</b>	Full Name (Last, First, Middle Initial) David A. Rosenbaum, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 08 / 2011
	Mailing Address 2835 Halleys Ct	<b>Transaction ID:</b> 4F049DC4FB416DCE9BEC
	City State Zip Code Colorado Springs CO 80906-1067	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Pikes Peak Cardiology	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>490.00</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 / 51  
(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)  
Florence G. Rothenberg, M.D., F.A.

Mailing Address 222 Reily Rd

City State Zip Code  
Cincinnati OH 45215-2620

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

Name of Employer Occupation  
University of Cincinnati CARDIOVASCULAR RESEARCH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 498D9017A932EEC38B36

Amount of Each Receipt this Period  
83.34

**B.**

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

Mailing Address 1055 Clermont St  
Cardiology (111B)

City State Zip Code  
Denver CO 80220-3808

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2011

**Transaction ID:** 4FCFABB991A14EE748BB

Amount of Each Receipt this Period  
83.33

**C.**

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

Mailing Address PO Box 6247

City State Zip Code  
Corpus Christi TX 78466-6247

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

Name of Employer Occupation  
Drscoll Physician Group PEDIATRIC CARD.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2011

**Transaction ID:** 2842D28ADD998B1407F

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **531.67**

**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:	PAGE 25 / 51
	(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)  
Michael K. Schroyer, RN, A.A.C.

Mailing Address 9065 Pebblepoint Cir

City State Zip Code  
Zionsville IN 46077-8992

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

Name of Employer Occupation  
Saint Vincent Heart Center ADMINISTRATION  
of Indiana

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 430.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2011

**Transaction ID:** 48F68F3EAB610FB9B495

Amount of Each Receipt this Period  
88.00

**B.**

Full Name (Last, First, Middle Initial)  
Narendra Singh, M.D., F.A.

Mailing Address 6350 Haddington Ln

City State Zip Code  
Johns Creek GA 30024-5304

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

Name of Employer Occupation  
Atlanta Heart Specialists ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 249.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 09 / 2011

**Transaction ID:** 4C1184AEC4BA8D95DD90

Amount of Each Receipt this Period  
41.66

**C.**

Full Name (Last, First, Middle Initial)  
Michael J. Springer, M.D., F.A.

Mailing Address 803 Towner PI

City State Zip Code  
Louisville KY 40223-2568

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

Name of Employer Occupation  
Medical Center Cardiologi- ELECTROPHYSIOLOGY  
sts

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 208.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 25 / 2011

**Transaction ID:** 4F5C9A13F59E12703898

Amount of Each Receipt this Period  
41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **171.32**

**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 / 51

(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)

Alfred W. H. Stanley, Jr., M.D.,

Mailing Address 4401 Fredericksburg Dr  
Suite 415

City State Zip Code  
Mountain Brk AL 35213-1819

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) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: AC92CD2089B7205B0C0

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Donald K. Stott, M.D., F.A.

Mailing Address 1591 S River Grove Way

City State Zip Code  
Eagle ID 83616-6367

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

Name of Employer Occupation  
St. Alphonsus RMC Cardiol- CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY  
ogy

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

Date of Receipt

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

Transaction ID: 74A2032E4CCD61FD1AC

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

John S. Strobel, M.D., F.A.

Mailing Address 3407 E Olcott Blvd

City State Zip Code  
Bloomington IN 47401-2429

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

Name of Employer Occupation  
Internal Medicine Associa- ELECTROPHYSIOLOGY  
tes

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: BAC30D8DAA99F5BDFE4

Amount of Each Receipt this Period

250.00

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

1375.00

**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 / 51  
(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
							17

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

**A.**

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

Mailing Address 7620 Old Georgetown Rd  
Apt 1214

City State Zip Code  
Bethesda MD 20814-6182

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 ▼ 625.02

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 4DADAF323F1233C8B67

Amount of Each Receipt this Period  
208.34

**B.**

Full Name (Last, First, Middle Initial)  
Rangarao V. Tummala, M.B.B.S.,

Mailing Address 9712 W 147th St  
Doctor's Building #2

City State Zip Code  
Shawnee Mission KS 66221-9678

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

Name of Employer Cardiology Services Occupation  
ELECTROPHYSIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** 2F20E48BA0F6FB131CB

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Narendra R. Upadhyaya, M.B.B.S.,

Mailing Address 11067 Garden Ridge Ct

City State Zip Code  
Davie FL 33328-7308

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

Name of Employer Dr. Upa Cardiology Occupation  
ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2011

**Transaction ID:** CBBB2E3541A9C307965

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **823.34**

**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 28 / 51  
(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)  
Juan Villafane, M.D., F.A.

Mailing Address 1400 Willow Ave  
1205

City State Zip Code  
Louisville KY 40204-2506

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

Name of Employer Self-Employed Occupation  
PEDIATRICS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2011

**Transaction ID:** 454FA92E350B0708B646

Amount of Each Receipt this Period  
83.34

**B.** Full Name (Last, First, Middle Initial)  
Thad F. Waites, M.D., F.A.

Mailing Address 1017 Richburg Rd

City State Zip Code  
Hattiesburg MS 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 ▼ 546.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2011

**Transaction ID:** 411393C196F90FBFDE31

Amount of Each Receipt this Period  
91.00

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

Mailing Address 31 Northumberland

City State Zip Code  
Nashville TN 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 ▼ 1666.68

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2011

**Transaction ID:** 42DDAF344F5ED695F5C9

Amount of Each Receipt this Period  
416.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **591.01**

**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 / 51  
(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)  
Mary Norine Walsh, M.D., F.A.  
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 ▼ 600.00

Date of Receipt 06 / 29 / 2011  
Transaction ID: 458A973D1D26906A7DEC  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Russell S. Whitaker, M.D., F.A.  
Mailing Address 1130 Montvue Rd Ste 201

City Anniston State AL Zip Code 36207-6223

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 ▼ 500.00

Date of Receipt 06 / 06 / 2011  
Transaction ID: A699831041228A95E29  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Michael C. Widmer, M.D., F.A.  
Mailing Address 2753 NE Red Oak Dr

City Bend State OR Zip Code 97701-8348

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

Name of Employer Heart Center Cardiology Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2011  
Transaction ID: 4B1C9FABACE46F2F2205  
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: PAGE 30 / 51  
(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)  
Phillip A. Wines, M.D., F.A.  
Mailing Address 2801 Tyne Blvd

City State Zip Code  
Nashville TN 37215-4533

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

Name of Employer Occupation  
Saint Thomas Heart 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  
06 / 17 / 2011

**Transaction ID:** DC553DED925A9D36031

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Michael J. Wolk, M.D., M.A.  
Mailing Address 876 Park Ave

City State Zip Code  
New York NY 10075-1832

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

Name of Employer Occupation  
New York Cardiology Associates ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2011

**Transaction ID:** 438BBBD53076CCE31184

Amount of Each Receipt this Period  
125.00

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

City State Zip Code  
Los Angeles CA 90049-5810

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

Name of Employer Occupation  
Pacific Heart Institute ADULT CARDIOLOGY

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

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2011

**Transaction ID:** 472292FEB4F114487DA5

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

**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 31 / 51
	(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.		Date of Receipt MM / DD / YYYY 06 / 23 / 2011
Mailing Address 1524 NW Grove Ave		<b>Transaction ID:</b> 4D00B9587BB141251479
City Topeka	State KS	
Zip Code 66606-1234		Amount of Each Receipt this Period 83.34
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 416.70
Name of Employer Cotton O'Neil Heart Center	Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Janet Fredal Wyman, MSN, NP, A		Date of Receipt MM / DD / YYYY 06 / 16 / 2011
Mailing Address 960 Westchester Rd		<b>Transaction ID:</b> 476896B3A103F9919C0B
City Grosse Pointe Park	State MI	
Zip Code 48230-1830		Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 333.32
Name of Employer Henry Ford Hospital	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>166.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>20184.52</b>

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

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

FOR LINE NUMBER: PAGE 32 / 51  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) American College of Cardiology - Admin Account		Date of Receipt
	Mailing Address P.O. Box 85024		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Richmond	VA	23285-5024
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 5B698A549601BADA9A9
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="8478.92"/>	Amount of Each Receipt this Period
			<input type="text" value="869.61"/>
			Reimbursement for May Amex Fees and June Merchant Fees

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="869.61"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="869.61"/>

**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)

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<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	Transaction ID: VAE52BDF590A0920207C
	Mailing Address PO Box 53852	Date of Disbursement 06 / 30 / 2011
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 163.72
	Purpose of Disbursement June 2011 Amex Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: MB90820AB1FA1BCFDDBB
	Mailing Address C/O Nova Information Systems 7300 Chapman Hwy	Date of Disbursement 06 / 02 / 2011
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period 683.19
	Purpose of Disbursement June 2011 Merchant Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

846.91

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

846.91

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 51

<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) AMERIPAC: The Fund for a Greater America</p> <p>Mailing Address 700 13th Street, NW Suite 600</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name AMERIPAC: The Fund for a Greater America</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> DB0F826A1F253CDBB44 <b>Date of Disbursement</b> 06 / 27 / 2011</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) Andy Harris for Congress</p> <p>Mailing Address PO Box 426</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Andrew P. Harris</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 54333D5521DB917D673 <b>Date of Disbursement</b> 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Becerra for Congress</p> <p>Mailing Address PO Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 876E379747E4C8EE636 <b>Date of Disbursement</b> 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**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)

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<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) Benishek for Congress, Inc.</p> <p>Mailing Address PO Box 2012</p> <p>City Kingsford State MI Zip Code 49802</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Daniel J. Benishek</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 01</p>	<p><b>Transaction ID:</b> 076B343F53E5589DE9D</p> <p>Date of Disbursement 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee</p> <p>Mailing Address 6849 Old Dominion Drive Suite 222</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name Blue Dog Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 8E19F8C6900685AD3B1</p> <p>Date of Disbursement 06 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Cantor for Congress</p> <p>Mailing Address PO Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Eric Ivan Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 07</p>	<p><b>Transaction ID:</b> 591801AF785794CB118</p> <p>Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

10000.00

**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> Full Name (Last, First, Middle Initial) Diane Black for Congress</p> <p>Mailing Address PO Box 1437</p> <p>City Gallatin State TN Zip Code 37066</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Diane Black</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 06</p>	<p><b>Transaction ID:</b> 9FB34B21C9DBD6BB075</p> <p>Date of Disbursement 06 / 03 / 2011</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) Engel for Congress</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Eliot L. Engel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 17</p>	<p><b>Transaction ID:</b> 04565DD52394878FFDF</p> <p>Date of Disbursement 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Freedom Project, The</p> <p>Mailing Address 631-B Pennsylvania Ave., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name Freedom Project, The</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 1C172F9BD1BE399D979</p> <p>Date of Disbursement 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

10000.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Jim Clyburn <hr/> Mailing Address PO Box 12567 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement 2012 Primary Candidate Name James E. Clyburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 378614DBF68D310C6DA Date of Disbursement 06 / 16 / 2011
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Joe Pitts <hr/> Mailing Address PO Box 775 <hr/> City Unionville State PA Zip Code 19375 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Joseph R. Pitts <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EFC627BCF9C0DBCC89A Date of Disbursement 06 / 03 / 2011
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of John Boehner <hr/> Mailing Address 7908 Cincinnati Dayton Road Suite I <hr/> City West Chester State OH Zip Code 45069 <hr/> Purpose of Disbursement 2012 Primary Candidate Name John A. Boehner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: FE92A9FE0A889A01956 Date of Disbursement 06 / 03 / 2011
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

10000.00

**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> Full Name (Last, First, Middle Initial) Friends of Lois Capps</p> <p>Mailing Address PO Box 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Lois Capps</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4B06AD33671DEC1B50D</p> <p>Date of Disbursement 06 / 03 / 2011</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) Friends of Max Baucus</p> <p>Mailing Address PO Box 586</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement 2014 Primary</p> <p>Candidate Name Max S. Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT 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> 55BB1A6C10FD9DBC604</p> <p>Date of Disbursement 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Scott Desjarlais</p> <p>Mailing Address PO Box 90133</p> <p>City Nashville State TN Zip Code 37209</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Scott Eugene DesJarlais</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D336363CDFA1ACB4469</p> <p>Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Geoff Davis for Congress</p> <p>Mailing Address PO Box 17192</p> <p>City Ft Mitchell State KY Zip Code 41017</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Geoffrey C. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 183E1D43A7BEE15C89C</p> <p>Date of Disbursement 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gillibrand for Senate</p> <p>Mailing Address 236 Massachusetts Ave Suite 110</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Kirsten Elizabeth Gillibrand</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7B2E00279EABA709EA1</p> <p>Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gingrey for Congress</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Phil Gingrey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> F76851C3476A0338D2F</p> <p>Date of Disbursement 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**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

A.	Full Name (Last, First, Middle Initial) Glacier PAC	Transaction ID: 14620096072C7B2F67B
	Mailing Address 3242 Cummins Way	Date of Disbursement 06 / 27 / 2011
	City Missoula State MT Zip Code 59802	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 2011 Contribution	011 Category/ Type
	Candidate Name Glacier PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc	Transaction ID: DE076D92D673C601415
	Mailing Address 175 South West Temple Suite 650	Date of Disbursement 06 / 27 / 2011
	City Salt Lake City State UT Zip Code 84101	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2012 Primary	011 Category/ Type
	Candidate Name Orrin G. Hatch	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: UT District:	

C.	Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee	Transaction ID: DCE40DC4842F3A1CCA8
	Mailing Address PO Box 87	Date of Disbursement 06 / 03 / 2011
	City Uwchland State PA Zip Code 19480	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2012 Primary	011 Category/ Type
	Candidate Name James W. Gerlach	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> 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:  
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<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

<b>A.</b> Full Name (Last, First, Middle Initial) John D. Dingell for Congress <hr/> Mailing Address 700 13th Street, NW, Suite 600 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2012 Primary Candidate Name John D. Dingell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2645322A6B99C7477EA Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress <hr/> Mailing Address PO Box 12667 <hr/> City Bakersfield State CA Zip Code 93389 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Kevin McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5ED69F9631A32F8DE6 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Lincoln PAC <hr/> Mailing Address PO Box A3968 <hr/> City Chicago State IL Zip Code 60690 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name Lincoln PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 88DEA297E990DE9BBE5 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution

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

10000.00

**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)

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<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) Lone Star Leadership PAC</p> <p>Mailing Address 7315 Wisconsin Avenue Suite 310 East</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name Lone Star Leadership PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> D42384B75B0AEA45723</p> <p>Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress, Inc.</p> <p>Mailing Address PO Box 3750</p> <p>City Brentwood State TN Zip Code 37024</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> C5A152E2C3BEC7BD67D</p> <p>Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Matheson for Congress</p> <p>Mailing Address PO Box 521048</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name James David Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 1BF36AE7FDCCD2340910</p> <p>Date of Disbursement 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

11000.00

**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)

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<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

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Thompson for Congress <hr/> Mailing Address 5429 Madison Avenue <hr/> City Sacramento State CA Zip Code 95841 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Michael C. Thompson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 01	Transaction ID: CE4806CE9A52ACA693C Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Mikulski for Senate Committee <hr/> Mailing Address PO Box 13147 <hr/> City Baltimore State MD Zip Code 21203 <hr/> Purpose of Disbursement 2016 Primary Candidate Name Barbara A. Mikulski <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District:	Transaction ID: 1035AC5222AB86F2DA0 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Mobrooksforcongress.Com <hr/> Mailing Address 7610 Foxfire Drive <hr/> City Huntsville State AL Zip Code 35802 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Morris Jackson Brooks, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 05	Transaction ID: 8F5641FE41E1BB37871 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Morgan Griffith for Congress <hr/> Mailing Address PO Box 361 <hr/> City Christiansburg State VA Zip Code 24068 <hr/> Purpose of Disbursement 2012 Primary Candidate Name H. Morgan Griffith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 24640148CB396C1B737 Date of Disbursement 06 / 16 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Morgan Griffith for Congress <hr/> Mailing Address PO Box 361 <hr/> City Christiansburg State VA Zip Code 24068 <hr/> Purpose of Disbursement 2012 Primary Candidate Name H. Morgan Griffith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3F88F4CF3B5516D030E Date of Disbursement 06 / 27 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Next Century Fund <hr/> Mailing Address 116 S Royal Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name Next Century Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 3C3B876E826BB072937 Date of Disbursement 06 / 27 / 2011
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution

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

4500.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Olson for Congress Committee <hr/> Mailing Address PO Box 16381 <hr/> City Sugar Land State TX Zip Code 77496 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Peter Graham Olson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D88266A08CBA83E7FC8 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Pascrell for Congress <hr/> Mailing Address PO Box 640 <hr/> City Totowa State NJ Zip Code 07511 <hr/> Purpose of Disbursement 2012 Primary Candidate Name William J. Pascrell, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5040A3ED3E706287D19 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Paul Broun Committee <hr/> Mailing Address PO Box 6337 <hr/> City Athens State GA Zip Code 30604 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Paul C. Broun, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: AB14C1819B1DA524B61 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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) Pete Stark Re-Election Committee</p> <p>Mailing Address PO Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Fortney H. Pete Stark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 63A238A24EAFEA0F1B4</p> <p>Date of Disbursement 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Richard Edmund Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BFB779D56F6B68CCEB1</p> <p>Date of Disbursement 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> 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 2012 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 53C9A520C4AA7F108E2</p> <p>Date of Disbursement 06 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

8500.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Roskam for Congress Committee <hr/> Mailing Address PO Box 713 <hr/> City Wheaton State IL Zip Code 60187 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Peter J. Roskam <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 06	Transaction ID: 83C7981FAA6F0619FC3 Date of Disbursement 06 / 27 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Ryan for Congress <hr/> Mailing Address PO Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Paul Ryan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01	Transaction ID: E1F7889CEF278AE2371 Date of Disbursement 06 / 16 / 2011
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Searchlight Leadership Fund <hr/> Mailing Address 700 13th Street NW Suite 600 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name Searchlight Leadership Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: A1508841D4DD6A54B52 Date of Disbursement 06 / 27 / 2011
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Contribution

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

8500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

<b>A.</b> Full Name (Last, First, Middle Initial) Shore PAC <hr/> Mailing Address PO Box 3157 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name Shore PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: E1A3CA1B2C8CB1C629B Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Snowe for Senate <hr/> Mailing Address PO Box 2012 <hr/> City Portland State ME Zip Code 04104 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Olympia Jean Snowe Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 7CC464F5C38D204DBEC Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Sooners United for Leadership, Loyalty and You (SULLY) Fund <hr/> Mailing Address PO Box 650552 <hr/> City Potomac Falls State VA Zip Code 20165 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name Sooners United for Leadership, Loyalty and You (SULLY) Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 425EA6B1854797F0149 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

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

11000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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) Texans for Henry Cuellar Congressional Campaign</p>	<p><b>Transaction ID:</b> E8D11AE099B54AE2743 <b>Date of Disbursement</b></p>
<p>Mailing Address 1519 Washington Street 2nd Floor, Suite 200</p>	<p><input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2011"/></p>
<p>City Laredo State TX Zip Code 78042</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement 2012 Primary</p>	<p><input type="text" value="1000.00"/></p>
<p>Candidate Name Henry Roberto Cuellar</p>	<p><input type="text" value="011"/> Category/ Type</p>
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28</p>	<p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tiberi for Congress</p>	<p><b>Transaction ID:</b> 759D713E22141AAE503 <b>Date of Disbursement</b></p>
<p>Mailing Address 2931 E Dublin Granville Road Suite 190</p>	<p><input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2011"/></p>
<p>City Columbus State OH Zip Code 43231</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement 2012 Primary</p>	<p><input type="text" value="1000.00"/></p>
<p>Candidate Name Patrick J. Tiberi</p>	<p><input type="text" value="011"/> Category/ Type</p>
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p>	<p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tim Murphy for Congress</p>	<p><b>Transaction ID:</b> 4953C6F089DEB11AA57 <b>Date of Disbursement</b></p>
<p>Mailing Address PO Box 24551</p>	<p><input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2011"/></p>
<p>City Pittsburgh State PA Zip Code 15234</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement 2012 Primary</p>	<p><input type="text" value="2500.00"/></p>
<p>Candidate Name Timothy F. Murphy</p>	<p><input type="text" value="011"/> Category/ Type</p>
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18</p>	<p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) Trust PAC Team Republicans for Utilizing Sensible Tactics</p> <p>Mailing Address 228 S. Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name Trust PAC Team Republicans for Utilizing Sensible Tactics</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: Contribution</p>	<p><b>Transaction ID:</b> 4A2DDB1B89FB035DB24</p> <p>Date of Disbursement MM / DD / YYYY 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tuesday Group Political Action Committee</p> <p>Mailing Address PO Box 11586</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name Tuesday Group Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: Contribution</p>	<p><b>Transaction ID:</b> 1F92CC90897019C9273</p> <p>Date of Disbursement MM / DD / YYYY 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Whitfield for Congress Committee</p> <p>Mailing Address PO Box 391</p> <p>City Hopkinsville State KY Zip Code 42241</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Edward Whitfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: KY District: 01 Contribution</p>	<p><b>Transaction ID:</b> B3AA6D0A9AB59C3DEED</p> <p>Date of Disbursement MM / DD / YYYY 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

11000.00

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

144500.00