

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. HEARTDOCPAC

Mailing Address PO Box 628

City State Zip Code
Evansville IN 47704-0628

Purpose of Disbursement
2016 Contribution

Candidate Name
HEARTDOCPAC

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2016

Transaction ID : **7E8522745B08C104C3B**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hoyer for Congress

Mailing Address 700 13th Street NW
Suite 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement
2016 Primary

Candidate Name
Steny Hamilton Hoyer

Office Sought: House Senate President
State: MD District: 05

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2016

Transaction ID : **72D7887C94F2EDAD87E**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. IMPACT

Mailing Address 192 Lexington Ave.
Suite 1001

City State Zip Code
New York NY 10016

Purpose of Disbursement
2016 Contribution

Candidate Name
IMPACT

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2016

Transaction ID : **172BB3FDA1FBAD2BB0E**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00