

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

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

FOR LINE NUMBER: PAGE 9 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 PAC (HeartPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fry, Edward, T. A., , FACC

Mailing Address 160 E 71st St

City
IndianapolisState
INZip Code
46220-1012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Vincent Medical GroupOccupation (for Individual)
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2020

Transaction ID : 4F63A75335F003BCFEB5

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gates, Cathy, , ,

Mailing Address 2400 N St NW

City
WashingtonState
DCZip Code
20037-1153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American College of CardiologyOccupation (for Individual)
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2020

Transaction ID : 45188FCAE7127F9F20B6

Amount of Each Receipt this Period

83.34

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Hart, Linda, Lee, , RN,ACNP-BC

Mailing Address 619 Elm Creek Cir

City
Manakin SabotState
VAZip Code
23103-3169FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHF SolutionsOccupation (for Individual)
HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2020

Transaction ID : 4EC59D7EC40299BB83C8

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

585.00

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