

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

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

FOR LINE NUMBER: PAGE 6 OF 63

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

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

A. Aguirre, Frank, V., , FACC

Mailing Address 2304 Connie Dr

City
Springfield

State
IL

Zip Code
62704-8722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Prairie Cardiovascular At Memorial Med

Occupation (for Individual)

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2019

Transaction ID : DE2DB7DF5CCE451DB2AI

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Albers, Anne, R., , PHD, FACC

Mailing Address 2694 Wexford Rd

City
Columbus

State
OH

Zip Code
43221-3218

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)

CLINICAL CARDIOLOGY/GENERAL C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2019

Transaction ID : 2CA8485B-3170-46EC-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Alborno, Martin, A., , FACC

Mailing Address 3407 Wilkens Ave
Ste 300

City
Baltimore

State
MD

Zip Code
21229-5222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2019

Transaction ID : 1D5AEFBD-B5CA-4F3B-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1000.00

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