

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 63
(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

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

A. Freeman, Andrew, M., , FACC

Mailing Address 1220 S Saint Paul St

City
DenverState
COZip Code
80210-2031FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Jewish HealthOccupation (for Individual)
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
02	15	2019

Transaction ID : 36BA1DA9D6A3413DBD62

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Friedman, Daniel, Brown, , FACCMailing Address 201 Cedar St SE
Ste 7600

City

Albuquerque

State
NMZip Code
87106-4921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Presbyterian Heart GroupOccupation (for Individual)
CLINICAL CARDIOLOGY/GENERAL C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
02	25	2019

Transaction ID : 6BDA13A23EB06BCAC71

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

Mailing Address 160 E 71st St

City

Indianapolis

State
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 ▼

833.32

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
02	23	2019

Transaction ID : 46338BFED9C64922C01

Amount of Each Receipt this Period

416.66

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1166.66