

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 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. Sobal, Larry, , ,

Mailing Address 5045 W Grande Market Dr

City
AppletonState
WIZip Code
54913-8517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Heart and Vascular of WisconsinOccupation (for Individual)
CEO

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		18		2019

Transaction ID : 94E42B69-3730-4BA6-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Sotomonte, Juan, C, , FACC

Mailing Address PO Box 363047

City
San JuanState
PRZip Code
00936-3047FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2019

Transaction ID : 6F37FA8446B84D63A63E

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. Stamato, Nicholas, John, , FACC

Mailing Address PO Box 3011

CCMH - Cardiology Clinic

City
GilletteState
WYZip Code
82717-3011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell County Memorial HospitalOccupation (for Individual)
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : ED91EE0D0AB64F3D9222

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

5250.00

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