

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 14

☒ 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. Dodds, G., Alfred, , FACC**

Mailing Address 1635 Brandon Rd

City  
Charlotte

State  
NC

Zip Code  
28207-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Atrium Health University City

Occupation (for Individual)  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 12 / 2020

**Transaction ID : E2CFE619-138F-4585-**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Erb, Blair, D., , FACC**

Mailing Address 3 Stagecoach Dr

City  
Bozeman

State  
MT

Zip Code  
59715-9287

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bozeman Deaconess Cardiology Consultan

Occupation (for Individual)  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

MM / DD / YYYY  
01 / 06 / 2020

**Transaction ID : 43AF9AE098FB2446A694**

Amount of Each Receipt this Period

208.34

☐ 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  
IN

Zip Code  
46220-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St. Vincent Medical Group

Occupation (for Individual)  
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

416.66

Date of Receipt

MM / DD / YYYY  
01 / 23 / 2020

**Transaction ID : 4CB0ACE890B8BF65C5FD**

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)..... ►

875.00