

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 64
(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. Manshadi, Ramin, , FACC

Mailing Address 6273 Crooked Stick Cir

City
StocktonState
CAZip Code
95219-1858FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Manshadi Heart InstituteOccupation (for Individual)
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2018

Transaction ID : 4124BFDA0B0D01D89988

Amount of Each Receipt this Period

208.33

☐ Memo Item

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

B. Martin, Edward, T., , FACCMailing Address 9228 S Mingo Rd
Ste 200City
TulsaState
OKZip Code
74133-5722FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oklahoma Heart InstituteOccupation (for Individual)
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2018

Transaction ID : FEE294DED4B041AAB864

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Martin, Gerard, R., , MD

Mailing Address 111 Michigan Ave NW

City
WashingtonState
DCZip Code
20010-2916FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Children's National Health SystemOccupation (for Individual)
PEDIATRIC CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2018

Transaction ID : A206FF88030A4A4C91F0

Amount of Each Receipt this Period

1000.00

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

2208.33

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