

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 39 OF 64

☒ 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. Ryan, Thomas, D., , FACC

Mailing Address 3333 Burnet Ave

Division of Pediatric Cardiology,

City
Cincinnati

State
OH

Zip Code
45229-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cincinnati Children's Hospital Medical

Occupation (for Individual)
PEDIATRIC CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2018

Transaction ID : 406D8000EFE542B9980C

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Sacher, Howard, L., , FACC

Mailing Address 8 Stonegate Ln

City
Glen Head

State
NY

Zip Code
11545-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
03 / 06 / 2018

Transaction ID : 6ADAFB67155D10BCA5E

Amount of Each Receipt this Period

550.00

☐ Memo Item

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

C. Sada, Mark, J., , FACC

Mailing Address 1009 Goldenrod Ln

City
San Luis Obispo

State
CA

Zip Code
93401-7695

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
03 / 06 / 2018

Transaction ID : C24C1FFF76B4A815851

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1050.00