

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology PAC (HeartPAC)**

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

**A. 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 ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2020

**Transaction ID : 4AAE9F62CB5CA186620A**

Amount of Each Receipt this Period

416.66

☐ Memo Item

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

**B. Gillam, Linda, D., , MACC**

Mailing Address 11 Talmage Rd

City  
Mendham

State  
NJ

Zip Code  
07945-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morristown Medical Center

Occupation (for Individual)  
ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2020

**Transaction ID : DF304DBD-7BB0-4C57-**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**c. Gluckman, Tyler, J., , FACC**

Mailing Address 9427 SW Barnes Rd  
Ste 594

City  
Portland

State  
OR

Zip Code  
97225-6640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Heart Institute

Occupation (for Individual)  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2020

**Transaction ID : 875CFFE4C2B64F14B446**

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)..... ►

5666.66