

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

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

FOR LINE NUMBER: PAGE 25 OF 61
 (check only one)
☒ 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 Political Action Committee

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

A. Kar, Sheila, , , FACC

Mailing Address 150 N Robertson Blvd
Ste 115

City
Beverly Hills

State
CA

Zip Code
90211-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

CLINICAL CARDIOLOGY/GENERAL C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2019

Transaction ID : 828BE2C7-E099-4DAF-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Katholi, Richard, E., , FACC

Mailing Address 1989 Outer Park Dr

City

Springfield

State

IL

Zip Code

62704-3387

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

M M / D D / Y Y Y Y Y Y
03 / 04 / 2019

Transaction ID : 9A5080D06F5F8A5EF62

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Kaul, Sheetal, , , FACC

Mailing Address 640 Jackson St

City

Saint Paul

State

MN

Zip Code

55101-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Health Partners Medical GroupRegions H

Occupation (for Individual)

CLINICAL CARDIOLOGY/GENERAL C/

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2019

Transaction ID : E1B91B12FE0148CC8026

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1250.00

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