

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 Political Action Committee

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

A. Ferguson, Andrew, Dundee, , MD

Mailing Address 3971 N Hinkle Rd

City
Bloomington

State
IN

Zip Code
47408-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IU Health SIP

Occupation (for Individual)
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2019

Transaction ID : 4866B6EFA4C5A0E02C11

Amount of Each Receipt this Period

20.83

☐ Memo Item

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

B. Finkelhor, Robert, S., , FACC

Mailing Address 2500 Metrohealth Dr

City
Cleveland

State
OH

Zip Code
44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Metro Health Medical Center

Occupation (for Individual)
Cardiologist

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
12 / 12 / 2019

Transaction ID : AA19ED34D7712D8BADD

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Fry, Edward, T. A., , FACC

Mailing Address 10590 N Meridian St
300

City
Indianapolis

State
IN

Zip Code
46290-1028

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 ▼

4999.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2019

Transaction ID : 2666C6973C324718A3C9

Amount of Each Receipt this Period

3750.00

☐ Memo Item

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

4020.83

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