

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 60

(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)

EDWARDS LIFESCIENCES POLITICAL ACTION COMMITTEE (EWPAC)

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

A. COHEN, Steven, S, ,

Mailing Address 1411 McGaw Ave

City
IrvineState
CAZip Code
92614-5540FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EDWARDS LIFESCIENCESOccupation (for Individual)
Dir, Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : A2946D539070A4D4BBE3

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. KNOBLACH, Kurt, , ,

Mailing Address Irvine - Field

City
IrvineState
CAZip Code
92614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EDWARDS LIFESCIENCESOccupation (for Individual)
Sales Rep III (CC)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : A8D6A6E9A32EF43DB9F8

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. SZYMAN, Catherine, M, ,

Mailing Address 17221 Red Hill Ave
FI 3City
IrvineState
CAZip Code
92614-5628FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EDWARDS LIFESCIENCESOccupation (for Individual)
CVP, Critical Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2017

Transaction ID : A93190A30F47B40D7AB8

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

150.00

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