

**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 31 OF 310
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AKSM Urology Political Action Committee 'AKSM Urology PAC'

A. Dr. John Boline
Full Name (Last, First, Middle Initial)

Mailing Address 7122 Fox Meadow Drive

City Hummelstown State PA Zip Code 17036

FEC ID number of contributing federal political committee. **C**

Name of Employer Urology of Central PA Occupation Urologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2015
Transaction ID : SA11AI.12396

Amount of Each Receipt this Period
 250.00
 profit distribution deduction

B. Paul Bombino
Full Name (Last, First, Middle Initial)

Mailing Address 11415 W. Yearling Road

City Peoria State AZ Zip Code 85383

FEC ID number of contributing federal political committee. **C**

Name of Employer Sun Valley Urology PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2015
Transaction ID : SA11AI.11937

Amount of Each Receipt this Period
 250.00
 profit distribution deduction

C. Paul Bombino
Full Name (Last, First, Middle Initial)

Mailing Address 11415 W. Yearling Road

City Peoria State AZ Zip Code 85383

FEC ID number of contributing federal political committee. **C**

Name of Employer Sun Valley Urology PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : SA11AI.12437

Amount of Each Receipt this Period
 250.00
 profit distribution deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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