

**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 40 OF 70
	<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	

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

**A. Dr. Richard Klump**  
Full Name (Last, First, Middle Initial)

Mailing Address 6384 Lake Trail Drive

City Westerville State OH Zip Code 43082

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

Name of Employer Central Ohio Urology Group Occupation Physician - Urologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 07 / 2014**

**Transaction ID : SA11AI.10587**

Amount of Each Receipt this Period  
**85.00**

profit distribution deduction

**B. Howard Korman**  
Full Name (Last, First, Middle Initial)

Mailing Address 22345 Chatsford Circuit

City Southfield State MI Zip Code 48034

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

Name of Employer Comprehensive Urology Occupation Doctor

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  
**10 / 23 / 2014**

**Transaction ID : SA11AI.10759**

Amount of Each Receipt this Period  
**250.00**

profit distribution deduction

**C. Dr. KC Krishnamurthi**  
Full Name (Last, First, Middle Initial)

Mailing Address 1207 Danbury Court

City Ashland State OH Zip Code 44805

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

Name of Employer K.C. Krishnamurthi, M.D. Inc. Occupation Physician - Urologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 07 / 2014**

**Transaction ID : SA11AI.10610**

Amount of Each Receipt this Period  
**85.00**

profit distribution deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **420.00**

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