

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

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NAME OF COMMITTEE (In Full)  
**American Gastroenterological Association Inc. PAC**

**A. Themistocles Dassopoulos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6919 Lloyd Valley Ln  
 City Dallas State TX Zip Code 75230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baylor University Medical Center at Da Occupation Director, Baylor Center for IBD  
 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  
 06 / 30 / 2015  
**Transaction ID : 20150701152246-31**  
 Amount of Each Receipt this Period  
 250.00

**B. Lisa M. Gangarosa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 Sunset Ridge Ln  
 City Chapel Hill State NC Zip Code 27516-5191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNC Occupation Professor of Medicine  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2015  
**Transaction ID : 20150701152246-5**  
 Amount of Each Receipt this Period  
 600.00

**C. Alfred L. Hurwitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 455 Oconnor Dr Ste 350  
 City San Jose State CA Zip Code 95128-1646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician Gastroenterologist  
 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  
 06 / 16 / 2015  
**Transaction ID : 20150701152246-4**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	