

**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 238 OF 301
	<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. Andrew Sher
Full Name (Last, First, Middle Initial)

Mailing Address 387 Lakeshore Drive

City State Zip Code
Mt. Tora FL 32757

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

Name of Employer Occupation
Central Florida Urology 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 / 10 / 2013
Transaction ID : SA11AI.8846

Amount of Each Receipt this Period
250.00
profit distribution deduction

B. Sugandh D Shetty
Full Name (Last, First, Middle Initial)

Mailing Address 45573 Bristol Circle

City State Zip Code
Novi MI 48377

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

Name of Employer Occupation
Comprehensive Med. Center PLLC Urologist

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 / 31 / 2013
Transaction ID : SA11AI.8432

Amount of Each Receipt this Period
250.00
profit distribution deduction

C. Sugandh D Shetty
Full Name (Last, First, Middle Initial)

Mailing Address 45573 Bristol Circle

City State Zip Code
Novi MI 48377

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

Name of Employer Occupation
Comprehensive Med. Center PLLC 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 / 24 / 2013
Transaction ID : SA11AI.8906

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)..... ▶