

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AKSM Urology Political Action Committee 'AKSM Urology PAC'

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

A. Ackerman, Randy, , MD

Mailing Address 4 Danforth Dr

City
Voorhees

State
NJ

Zip Code
08043-3947

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Urologist

Occupation (for Individual)

Delaware Valley Urology, LLC

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
04 / 30 / 2020

Transaction ID : A48377CE7058E4E89838

Amount of Each Receipt this Period

250.00

☐ Memo Item
profit distribution deduction

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

B. Annaloro, Angelo, , ,

Mailing Address 6475 Overton Dr

City
Baton Rouge

State
LA

Zip Code
70808-4246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MD

Occupation (for Individual)

Baton Rouge Urology Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2020

Transaction ID : AC6B65082F3844C7F947

Amount of Each Receipt this Period

250.00

☐ Memo Item
profit distribution deduction

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

C. Asroff, Scott, , ,

Mailing Address 53 Saint Moritz Ln

City
Cherry Hill

State
NJ

Zip Code
08003-5123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Urologist

Occupation (for Individual)

NJU

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
04 / 30 / 2020

Transaction ID : A8BABE7A058CC476A993

Amount of Each Receipt this Period

250.00

☐ Memo Item
profit distribution deduction

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

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

750.00