

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 49

(check only one)

☒ 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. Claybrook, Kevin, , ,

Mailing Address 12 Black Bear Ct

City
Little RockState
ARZip Code
72223-5206FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arkansas UrologyOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : AD8E70D67505C441E9BA

Amount of Each Receipt this Period

500.00

☐ Memo Item
profit distribution deduction

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

B. Coccimiglio, Lucy, , ,

Mailing Address 3872 S Shoreline Dr

City
MilfordState
MIZip Code
48381-4806FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MHPOccupation (for Individual)
Physician

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 : A885CE495D18B41CB859

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. Coury, Thomas, , ,

Mailing Address 4079 Pine Ridge Dr

City
Fort GratiotState
MIZip Code
48059-3635FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Urology Assoc of Port HuronOccupation (for Individual)
Urologist/Physician

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 : ABEC3BE164D9845DD939

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)..... ►

1000.00