

# **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. Barkin, Scott, , ,**

Mailing Address 973 Elcliff Dr

City  
Westerville

State  
OH

Zip Code  
43081-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 15 / 2019

**Transaction ID : A261A8CDA83A14F47BDD**

Amount of Each Receipt this Period

40.00

☐ Memo Item  
profit distribution deduction

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

**B. Barkin, Scott, , ,**

Mailing Address 973 Elcliff Dr

City  
Westerville

State  
OH

Zip Code  
43081-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 12 / 2019

**Transaction ID : AAB629CCE1A844685B52**

Amount of Each Receipt this Period

40.00

☐ Memo Item  
profit distribution deduction

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

**C. Barsky, Robert, , ,**

Mailing Address 5 Southwood Dr

City  
Cherry Hill

State  
NJ

Zip Code  
08003-2951

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Physician

Occupation (for Individual)  
Delaware Valley Urology, LLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 12 / 2019

**Transaction ID : A775DBC0D8B38438EBF6**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
profit distribution deduction

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

330.00

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