

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

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

FOR LINE NUMBER: PAGE 21 OF 252

(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. Bloch, William, , ,

Mailing Address 2756 Dale Ave

City
BexleyState
OHZip Code
43209-1811FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COUGOccupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2019

Transaction ID : A24B890C0D464494FB9B

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. Bloch, William, , ,

Mailing Address 2756 Dale Ave

City
BexleyState
OHZip Code
43209-1811FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COUGOccupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 08 / 2019

Transaction ID : A13C9F62BFCC34B15A3F

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. Bloch, William, , ,

Mailing Address 2756 Dale Ave

City
BexleyState
OHZip Code
43209-1811FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COUGOccupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2019

Transaction ID : A10464D74168C477E9CE

Amount of Each Receipt this Period

40.00

☐ Memo Item
profit distribution deduction

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

120.00

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