

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

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

FOR LINE NUMBER: PAGE 22 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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 10 / 2019

Transaction ID : A2DCAEB52ABE54BB4A0.

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2019

Transaction ID : AFE587D9D0AC442AC934

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 ▼

480.00

Date of Receipt

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

Transaction ID : A9F7B8250A9FF436D935

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).....▶