

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

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

FOR LINE NUMBER: PAGE 45 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. Claybrook, Kevin, , ,

Mailing Address 12 Black Bear Ct

City
Little Rock

State
AR

Zip Code
72223-5206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arkansas Urology

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : AAEBEA211B3B241BEA31

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. Claybrook, Kevin, , ,

Mailing Address 12 Black Bear Ct

City
Little Rock

State
AR

Zip Code
72223-5206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arkansas Urology

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : AC09060BCE8264F4DAB9

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

C. Coccimiglio, Lucy, , ,

Mailing Address 3872 S Shoreline Dr

City
Milford

State
MI

Zip Code
48381-4806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MHP

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID : ADA5CC6041206480A873

Amount of Each Receipt this Period

250.00

☐ Memo Item
profit distribution deduction

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

1250.00

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