

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. Elliot, Vanessa, , ,

Mailing Address 1999 Turnpike Rd

City
Elizabethtown

State
PA

Zip Code
17022-9542

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UCPA

Occupation (for Individual)

Urologist

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 : A6DF5527C65B4421E811

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

B. Elliot, Vanessa, , ,

Mailing Address 1999 Turnpike Rd

City
Elizabethtown

State
PA

Zip Code
17022-9542

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UCPA

Occupation (for Individual)

Urologist

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
10 / 10 / 2019

Transaction ID : A673503A531204F5D878

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. Espinosa, Eric, MD, ,

Mailing Address 5110 Brookshire Ln

City
Springfield

State
OH

Zip Code
45502-8313

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Springfield Urology

Occupation (for Individual)

Physician

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 : AB268B26A26484CCF85A

Amount of Each Receipt this Period

40.00

☐ Memo Item
profit distribution deduction

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

540.00

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