

# **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. 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 ▼

320.00

Date of Receipt

08 / 08 / 2019

**Transaction ID : A9D3EA1030B5543B4A91**

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. 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 ▼

360.00

Date of Receipt

09 / 12 / 2019

**Transaction ID : A41C77128BEA241A7B23**

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. 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 ▼

400.00

Date of Receipt

10 / 10 / 2019

**Transaction ID : A174BB625C0084FFB989**

Amount of Each Receipt this Period

40.00

☐ Memo Item  
profit distribution deduction

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

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

120.00