

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)

PAGE 156 OF 252

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Mendoza, David, , ,

Mailing Address 70 Catalino Dr

City
Parkersburg

State
WV

Zip Code
26104-8651

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOVING

Occupation (for Individual)
Urologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 08 / 2019

Transaction ID : A7E962653556F4BE9854

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. Mendoza, David, , ,

Mailing Address 70 Catalino Dr

City
Parkersburg

State
WV

Zip Code
26104-8651

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOVING

Occupation (for Individual)
Urologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 12 / 2019

Transaction ID : A2007F1AB324A4747837

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. Mendoza, David, , ,

Mailing Address 70 Catalino Dr

City
Parkersburg

State
WV

Zip Code
26104-8651

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOVING

Occupation (for Individual)
Urologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 10 / 2019

Transaction ID : AC4F49253E23B4D28B37

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