

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 157 OF 252  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Mendoza, David, , ,**

Mailing Address 70 Catalino Dr

City  
ParkersburgState  
WVZip Code  
26104-8651FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MOVMGOccupation (for Individual)  
Urologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

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

**Transaction ID : AC5A4C3C1EE034B5AA50**

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  
ParkersburgState  
WVZip Code  
26104-8651FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MOVMGOccupation (for Individual)  
Urologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

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

**Transaction ID : AB7E9A19E02CA4CCDA38**

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. Mertz, Thomas, , ,**Mailing Address 18325 E 10 Mile Rd  
Ste 200City  
RosevilleState  
MIZip Code  
48066-4990FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Grosse Pointe UrologyOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

**Transaction ID : A8A94B920FEB84D8B86F**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
 profit distribution deduction
**SUBTOTAL** of Receipts This Page (optional).....▶

330.00

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