

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 18

| | | | | | | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

American Gastroenterological Association Inc. PAC

Full Name (Last, First, Middle Initial)

A. Richard W. McCallum

Mailing Address 4800 Alberta Ave

City

El Paso

State

TX

Zip Code

79905-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Tech University HSC

Occupation

Professor of Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 3 | | 2 | 0 | 1 | 5 |

Transaction ID : 20151002123752-18

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ross McHenry

Mailing Address 425 Centre View Blvd

City

Crestview Hills

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tri-State Gastro Assoc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 1 | | 2 | 0 | 1 | 5 |

Transaction ID : 20150918125247-37

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michelle A. Petro

Mailing Address 2046 Meadowbrook Rd

City

Jackson

State

MS

Zip Code

39211-6527

FEC ID number of contributing
federal political committee.

C

Name of Employer

GI Associates & Endoscopy Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 3 | | 2 | 0 | 1 | 5 |

Transaction ID : 20151002123752-26

Amount of Each Receipt this Period

250.00

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

1000.00

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