

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 131

(check only one)

☒ 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. Ackerman, Randy, , MD

Mailing Address 4 Danforth Dr

City
VoorheesState
NJZip Code
08043-3947FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Urologist

Occupation (for Individual)

Delaware Valley Urology, LLC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2019

Transaction ID : A9E479C4866494880B6B

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. Ackerman, Randy, , MD

Mailing Address 4 Danforth Dr

City
VoorheesState
NJZip Code
08043-3947FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Urologist

Occupation (for Individual)

Delaware Valley Urology, LLC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2019

Transaction ID : A0DEB302CB69D463EA10

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. Adey, Gregory, ,

Mailing Address 10 Bridle Path

City
FalmouthState
MEZip Code
04105-2838FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fore River Urology

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2019

Transaction ID : AF5AF6E81822D47939F4

Amount of Each Receipt this Period

125.00

☐ Memo Item
profit distribution deduction

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

625.00

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