

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

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

FOR LINE NUMBER: PAGE 14 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. Blix, Gregor, W., ,

Mailing Address 4002 Lakeside Dr

City
KalamazooState
MIZip Code
49008-2812FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Healthcare MidwestOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : AAD4858BCED23409AA31

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. Bloch, William, , ,

Mailing Address 2756 Dale Ave

City
BexleyState
OHZip Code
43209-1811FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COUGOccupation (for Individual)
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : A8B9B3F2A304F4261B3A

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. Blue, Kenneth, M., , III

Mailing Address 13719 Oakley Ln

City
Saint FrancisvilleState
LAZip Code
70775-9503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UrologistOccupation (for Individual)
Louisiana 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 Y
01 / 15 / 2019

Transaction ID : AD962531113144A01879

Amount of Each Receipt this Period

250.00

☐ Memo Item
profit distribution deduction

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

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

540.00