

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

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

FOR LINE NUMBER: PAGE 27 OF 131

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Cercone, Roger, , ,

Mailing Address 711 Carriage Dr

City
Wexford

State
PA

Zip Code
15090-8798

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

3 Rivers Urology

Occupation (for Individual)

Physician

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 : AD1203A2E20114FC5A63

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. Chung, Aubrey, , ,

Mailing Address 15216 N 15th Dr

City
Phoenix

State
AZ

Zip Code
85023-5185

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sun Valley Urology

Occupation (for Individual)

Urologist

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
05 / 31 / 2019

Transaction ID : A0DA11674259949EFB08

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. Claybrook, Kevin, , ,

Mailing Address 12 Black Bear Ct

City
Little Rock

State
AR

Zip Code
72223-5206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Arkansas Urology

Occupation (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
02 / 28 / 2019

Transaction ID : A6D45E683909D40E798C

Amount of Each Receipt this Period

500.00

☐ Memo Item
profit distribution deduction

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

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

790.00