

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

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

FOR LINE NUMBER: PAGE 81 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. McDevitt, William, , ,

Mailing Address 1784 Berwick Ln

City
Lake OrionState
MIZip Code
48362-3920FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oakland County UrologistsOccupation (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 : AEFC3B91A9D8840AF9EA

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. 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)
MOVINGOccupation (for Individual)
Urologist

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 : A8458F2EA01644026B1C

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2019

Transaction ID : A7E73734486624FB2A56

Amount of Each Receipt this Period

250.00

☐ Memo Item
profit distribution deduction

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

540.00

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