

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

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

FOR LINE NUMBER: PAGE 10 OF 42

(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. Claybrook, Kevin, , ,

Mailing Address 12 Black Bear Ct

City
Little RockState
ARZip Code
72223-5206FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arkansas UrologyOccupation (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
01 / 31 / 2020

Transaction ID : A68E1409CFE10401F9BC

Amount of Each Receipt this Period

500.00

☐ Memo Item
profit distribution deduction

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Coccimiglio, Lucy, , ,

Mailing Address 3872 S Shoreline Dr

City
MilfordState
MIZip Code
48381-4806FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MHPOccupation (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 / 31 / 2020

Transaction ID : AEDF53FA836C7469A9B5

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. Coury, Thomas, , ,

Mailing Address 4079 Pine Ridge Dr

City
Fort GratiotState
MIZip Code
48059-3635FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Urology Assoc of Port HuronOccupation (for Individual)
Urologist/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 / 31 / 2020

Transaction ID : A6F821CC3B5F2448C9A0

Amount of Each Receipt this Period

250.00

☐ Memo Item
profit distribution deduction

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

1000.00

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