

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

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

FOR LINE NUMBER: PAGE 7 OF 8
 (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)

American Gastroenterological Association Inc. PAC

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

A. Judah, Joel, R., ,

Mailing Address 9172 Estes Rd

City
Macon

State
GA

Zip Code
31220-5603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Navicent Health Gastroenterology Cente

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 / 24 / 2019

Transaction ID : 201902269255-9

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Kim, Lawrence, S., ,

Mailing Address 10103 Ridgeway Pkwy
Ste 312

City
Littleton

State
CO

Zip Code
80124-5525

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Denver Gastroenterology, P.C.

Occupation (for Individual)
Partner

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 / 17 / 2019

Transaction ID : 201902269255-4

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Krmpotich, Phillip, T., ,

Mailing Address 1441 Wilkins Cir

City
Casper

State
WY

Zip Code
82601-1337

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gastroenterology Associates

Occupation (for Individual)
Gastroenterologist

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
 02 / 25 / 2019

Transaction ID : 201902269255-11

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00