

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

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

A. Chittajallu, Ravi, S., ,

Mailing Address 2244 Harrisburg Ln

City
Plano

State
TX

Zip Code
75025-5514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Digestive Health Associates of Texas

Occupation (for Individual)
Gastroenterologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2017

Transaction ID : 20170609144524-11

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Odstrcil, Elizabeth, , ,

Mailing Address 3417 Gaston Ave
Ste 790

City
Dallas

State
TX

Zip Code
75246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Digestive Health Associates of Texas

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
05 / 26 / 2017

Transaction ID : 20170609144524-9

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Patel, Pankaj, A., ,

Mailing Address 17501 Generations Dr

City
South Bend

State
IN

Zip Code
46635

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Michiana Gastroenterology, Inc

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
05 / 04 / 2017

Transaction ID : 20170511171525-3

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)..... ►

1000.00