

# **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. McCallum, Richard, W., ,**

Mailing Address 4800 Alberta Ave

City  
El Paso

State  
TX

Zip Code  
79905-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Texas Tech University HSC

Occupation (for Individual)  
Professor of Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 08 / 2016

**Transaction ID : 20161115103027-9**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. McHenry, Ross, , ,**

Mailing Address 425 Centre View Blvd

City

Crestview Hills

State

KY

Zip Code

41017

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tri-State Gastro Assoc

Occupation (for Individual)  
Gastroenterologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 01 / 2016

**Transaction ID : 2016110894535-6**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**c. Pardi, Darrell, S., ,**

Mailing Address 200 1st St SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mayo Clinic Rochester

Occupation (for Individual)  
Prof of Med and Associate Dean of Med

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 26 / 2016

**Transaction ID : 20161101143119-44**

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)..... ►

850.00