

**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)       | PAGE 67 OF 421               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

|  |                                     |          |   |
|--|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Ravi Patel MD</b> |                                     |          | Date of Receipt   |
| Mailing Address 1810 Ladino Rd                                     |                                     |          | <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2013"/> |
| City   | State                               | Zip Code | <b>Transaction ID : 5240884</b>   |
| Sacramento   | CA                                  | 95864    | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.         | <input type="text" value="C"/>      |          | <input type="text" value="250.00"/>   |
| Name of Employer   | Occupation                          |          |   |
| Mercy Medical Group  | Orthopaedic Surgeon                 |          |   |
| Receipt For:   | Aggregate Year-to-Date ▼            |          |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General  | <input type="text" value="250.00"/> |          |   |
| <input type="checkbox"/> Other (specify) ▼                         |                                     |          |   |

|  |                                     |          |   |
|--|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Louis A DiGiovanni MD</b> |                                     |          | Date of Receipt   |
| Mailing Address Hudson Valley Ortho<br>23 Fish & Game Rd                   |                                     |          | <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2013"/> |
| City   | State                               | Zip Code | <b>Transaction ID : 5240892</b>   |
| Hudson   | NY                                  | 12534    | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                 | <input type="text" value="C"/>      |          | <input type="text" value="250.00"/>   |
| Name of Employer   | Occupation                          |          |   |
| Columbia Memorial Hospital   | Orthopaedic Surgeon                 |          |   |
| Receipt For:   | Aggregate Year-to-Date ▼            |          |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General          | <input type="text" value="250.00"/> |          |   |
| <input type="checkbox"/> Other (specify) ▼                                 |                                     |          |   |

|  |                                     |            |   |
|--|-------------------------------------|------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Lisa DeGnore MD</b> |                                     |            | Date of Receipt   |
| Mailing Address 4641 Collinswood Dr                                  |                                     |            | <input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2013"/> |
| City   | State                               | Zip Code   | <b>Transaction ID : 5240893</b>   |
| Lexington  | KY                                  | 40515-6202 | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.           | <input type="text" value="C"/>      |            | <input type="text" value="250.00"/>   |
| Name of Employer   | Occupation                          |            |   |
| Ortho Kentucky   | Orthopaedic Surgeon                 |            |   |
| Receipt For:   | Aggregate Year-to-Date ▼            |            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General    | <input type="text" value="250.00"/> |            |   |
| <input type="checkbox"/> Other (specify) ▼                           |                                     |            |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="750.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>       |