

**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 325 OF 563
	<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

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)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Franklin Lynch Jr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Medical Center Dr  
 City Lebanon State NH Zip Code 03756-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dartmouth Hitchcock Medical Ce Occupation Orthopaedic Surgeon  
 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  
 04 / 23 / 2015  
**Transaction ID : 6984908**  
 Amount of Each Receipt this Period  
 500.00

**B. James D Slover MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 East 33rd St. Apt 8A  
 City New York State NY Zip Code 10016-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYU Medical Center Occupation Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : 6984909**  
 Amount of Each Receipt this Period  
 250.00

**C. Aram M Donigian MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3846 Woodhurst Ct  
 City Beavercreek State OH Zip Code 45430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kettering Medical Center Occupation Orthopaedic Surgeon  
 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  
 04 / 23 / 2015  
**Transaction ID : 6984910**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶