

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

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

FOR LINE NUMBER: PAGE 41 OF 282
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Richard Lee Parker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Dowling Ct
 City State Zip Code
 Old Westbury NY 11568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South Nassau Ortho Surgeons Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : 5999442
 Amount of Each Receipt this Period
 250.00

B. Alan R McCall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7447 W Talcott Ave Ste 500
 City State Zip Code
 Chicago IL 60631-3745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwest Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : 5999443
 Amount of Each Receipt this Period
 500.00

C. David J Stapor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2076 Hycroft Dr
 City State Zip Code
 Pittsburgh PA 15241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014
Transaction ID : 5999445
 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)..... ▶