

**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 82 OF 419
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David P Mesna MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3704 Camino Codorniz
 City Calabasas State CA Zip Code 91302-3043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 24 / 2015**
Transaction ID : 7249025
 Amount of Each Receipt this Period **300.00**

B. Theodore I Macey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Twin Bay Dr
 City Fort Walton Beach State FL Zip Code 32547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 24 / 2015**
Transaction ID : 7249026
 Amount of Each Receipt this Period **500.00**

C. David S Weisman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 585 Cranbury Rd
 City East Brunswick State NJ Zip Code 08816-4026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatric Orthopedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 24 / 2015**
Transaction ID : 7249028
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	