

# **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)

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

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

**A. Grindel, Steven, I, , MD,FAAOS**

Mailing Address 7615 N Beach Dr

City  
Fox Point

State  
WI

Zip Code  
53217

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medical College of Wisconsin

Occupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2020

**Transaction ID : 10438449**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Goumas, Douglas, M, , MD, FAAOS**

Mailing Address 4 Three Corners Rd

City  
Bedford

State  
NH

Zip Code  
03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2020

**Transaction ID : 10438450**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Woo, Kent, E, , MD, FAAOS**

Mailing Address 309 Mcalpin Dr

City  
Savannah

State  
GA

Zip Code  
31406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Optim Orthopedics

Occupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2020

**Transaction ID : 10438451**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00