

# **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. Stanfield, Denver, T, , MD,FAAOS**

Mailing Address 4440 Glen Este Withamsville Rd  
Suite 500

City  
Cincinnati

State  
OH

Zip Code  
45245-1331

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wellington Ortho and Sports Med.

Occupation (for Individual)  
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  
01 / 30 / 2020

**Transaction ID : 10487584**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Dunn, Albert, , , DO,FAAOS**

Mailing Address 11109 Nicoles Way

City

Chardon

State

OH

Zip Code

44024-9383

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Precision Orthopaedic Specialties, Inc

Occupation (for Individual)  
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  
01 / 30 / 2020

**Transaction ID : 10487588**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Kristensen, Ronald, M, , MD, FAAOS**

Mailing Address 1735 N Claremont Dr

City

Boise

State

ID

Zip Code

83702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Luke's Boise Orthopedic Clinic

Occupation (for Individual)  
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  
01 / 30 / 2020

**Transaction ID : 10487590**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00