

**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 192 OF 300
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Lintecum, Neal, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 789 N 1500 Road
 City Lawrence State KS Zip Code 66049-9194
 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 **600.00**

Date of Receipt **03 / 05 / 2020**
Transaction ID : 10534447
 Amount of Each Receipt this Period **200.00**
 Memo Item

B. Rathjen, Karl, E, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Orthopaedics 2222 Welborn St
 City Dallas State TX Zip Code 75219-3993
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Scottish Rite Hosp Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 05 / 2020**
Transaction ID : 10534449
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Farber, Daniel, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Fairhill Rd
 City Wynnewood State PA Zip Code 19096-1804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn Medicine Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 06 / 2020**
Transaction ID : 10534715
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1450.00
TOTAL This Period (last page this line number only).....	