

# **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 213 OF 300

☒ 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**

<b>A. Pula, David, A, , MD,FAAOS</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 16 Evergreen Trail City Orchard Park State NY Zip Code 14127 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Excelsior Orthopaedics Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 18 / 2020 <b>Transaction ID : 10546457</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
<b>B. Shah, Roshan, P, , MD,JD,FAAO</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 610 West 110th Street Apt 3E City New York State NY Zip Code 10025 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Columbia University Medical Center Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 19 / 2020 <b>Transaction ID : 10549755</b> Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item
<b>c. Tyndall, William, A, , MD, FAAOS</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 123 Brittany Ln City Hollidaysburg State PA Zip Code 16648 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) University Orthopedics Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 19 / 2020 <b>Transaction ID : 10549756</b> Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			418.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			