

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. McCrosson, John, J., MD

Mailing Address 2749 Fountainhead Way

City

Mount Pleasant

State

SC

Zip Code

29466-8590

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Charleston Hip & Knee Replacement Cent

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 21 / 2019

Transaction ID : 10023261

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Savoie, Felix, H., III, MD

Mailing Address 80 Audubon Blvd

City

New Orleans

State

LA

Zip Code

70118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Tulane University School of Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 21 / 2019

Transaction ID : 10023264

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Shovers, Jeffrey, , , MD

Mailing Address 1071 East Thorne Lane

City

Fox Point

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Aurora Advanced Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 21 / 2019

Transaction ID : 10025076

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)..... ►

1500.00