

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 652

(check only one)

☒ 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. Archdeacon, Michael, T, , MD

Mailing Address 4538 Philnoll Dr

City
Cincinnati

State
OH

Zip Code
45247-5079

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC Dept of Orthopaedics

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 / 22 / 2019

Transaction ID : 10026720

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Heydemann, Jacob, Samuel, , MD

Mailing Address 858 River Oaks

City
El Paso

State
TX

Zip Code
79912

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 22 / 2019

Transaction ID : 10026728

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Hollmann, Mark, W, , MD

Mailing Address 3865 Bird Dog Lane

City
Deland

State
FL

Zip Code
32724

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Florida Orthopaedic Associates, PA

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 / 22 / 2019

Transaction ID : 10026730

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

750.00

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