

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. Orson, Gregory, G, , MD

Mailing Address 2770 Samuel Dr S

City
 Fargo

State
 ND

Zip Code
 58104

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Sanford Health

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 22 / 2019

Transaction ID : 10026827

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hasan, Syed, Ashfaq, , MD

Mailing Address 7730 Elmwood Road

City
 Fulton

State
 MD

Zip Code
 20759

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 University of Maryland School of Medic

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 22 / 2019

Transaction ID : 10026831

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Hagen, Robert, J, , MD

Mailing Address 2105 Summertime Trail

City
 Lafayette

State
 IN

Zip Code
 47909

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Lafayette Orthopaedic Clinic

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 22 / 2019

Transaction ID : 10026839

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1500.00