

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

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

FOR LINE NUMBER: PAGE 48 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. Conti, Stephen, F, , MD**

Mailing Address 1704 Chestnut Ct

City  
Sewickley

State  
PA

Zip Code  
15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Pittsburgh Medical Cente

Occupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 22 / 2019

**Transaction ID : 10026852**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Gelb, Daniel, E, , MD**

Mailing Address 3810 Greenway

City  
Baltimore

State  
MD

Zip Code  
21218-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Department of Orthopaedics

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 : 10026894**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Tigges, Russell, G, , MD**

Mailing Address 25 Townsend Farm Road

City  
Lagrangeville

State  
NY

Zip Code  
12540

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 ▼

500.00

Date of Receipt

01 / 22 / 2019

**Transaction ID : 10026897**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00