

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

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

FOR LINE NUMBER: PAGE 60 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. Kaplan, F, Thomas Davies, , MD

Mailing Address 11542 Willow Springs Dr

City
Zionsville

State
IN

Zip Code
46077

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Indiana Hand To Shoulder Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 26 / 2019

Transaction ID : 10031703

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Hackett, Thomas, R, , MD

Mailing Address 770 Potatoe Patch
Unit 1

City
Vail

State
CO

Zip Code
81657-4441

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Steadman Clinic

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
01 / 27 / 2019

Transaction ID : 10031706

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Chu, Benjamin, I, , MD

Mailing Address 2298 Weigner Road

City
Lansdale

State
PA

Zip Code
19446

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rothman Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2019

Transaction ID : 10031721

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1250.00

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