

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

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

FOR LINE NUMBER: PAGE 107 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. Leddy, Michael, J, , MD**

Mailing Address 3444 Masonic Dr

City  
Alexandria

State  
LA

Zip Code  
71301

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Central Louisiana Surgical Hospital

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  
02 / 08 / 2019

**Transaction ID : 10046089**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Silverman, Lance, M, , MD**

Mailing Address 2774 W Lake of the Isles Pkwy

City  
Minneapolis

State  
MN

Zip Code  
55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Silverman 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  
02 / 09 / 2019

**Transaction ID : 10047625**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Parsley, Brian, S, , MD**

Mailing Address 5420 West Loop South  
Suite 2400

City  
Bellaire

State  
TX

Zip Code  
77401

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UT Health Physicians

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  
02 / 09 / 2019

**Transaction ID : 10047626**

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)..... ►

750.00