

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

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

FOR LINE NUMBER: PAGE 111 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

A. Dunn, Albert, , DO Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 11109 Nicoles Way City Chardon State OH Zip Code 44024-9383 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Precision Orthopaedic Specialties, Inc Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 11 / 2019 Transaction ID : 10048691 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
B. Mitchell, Robert, E, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 695 Hill Country Dr Ste B City Kerrville State TX Zip Code 78028-5958 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 11 / 2019 Transaction ID : 10048698 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
C. Johnson, Paul, H, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 629 Kenesaw Ave City Knoxville State TN Zip Code 37919 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Knoxville Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 11 / 2019 Transaction ID : 10048700 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1500.00
TOTAL This Period (last page this line number only)..... ▶			