

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

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

FOR LINE NUMBER: PAGE 163 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. Brindley, George, W, , MD

Mailing Address 4608 7th Street

City
Lubbock

State
TX

Zip Code
79416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TX Tech Univ Hlth Sci Ctr

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2019

Transaction ID : 10057031

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Christensen, Alan, W, , MD

Mailing Address 1011 Lincoln Circle

City
Winter Park

State
FL

Zip Code
32789

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orlando Orthopaedic Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2019

Transaction ID : 10057032

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Jacobs-El, Jamil, , , MD

Mailing Address PO Box 5110

City
River Forest

State
IL

Zip Code
60305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dreyer Medical Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2019

Transaction ID : 10057033

Amount of Each Receipt this Period

1100.00

☐ Memo Item

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

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

3100.00