

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

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

FOR LINE NUMBER: PAGE 241 OF 652

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Carlson, William, E, , MD

Mailing Address 3 SE Tuscan Lane

City
Stuart

State
FL

Zip Code
34996

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Florida Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2019

Transaction ID : 10088224

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Peterson, Davis, C, , MD

Mailing Address 9641 Arlene Drive

City
Anchorage

State
AK

Zip Code
99502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anchorage Fracture & Ortho Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2019

Transaction ID : 10088225

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Gombera, Mufaddal, M, , MD

Mailing Address 323 Hunters Trail

City
Houston

State
TX

Zip Code
77024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Orthopedic 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
03 / 20 / 2019

Transaction ID : 10089105

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)..... ►

1550.00