

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 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**

<b>A. Nash, John, P, , MD</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 14 Turnberry Lane City Lookout Mountain State GA Zip Code 30750 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Chattanooga Orthopaedic Group 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 03 / 13 / 2019 <b>Transaction ID : 10090472</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
<b>B. Ficke, James, R, , MD</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 10715 Pot Spring Rd City Cockeysville State MD Zip Code 21030-3019 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Johns Hopkins 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 03 / 13 / 2019 <b>Transaction ID : 10090473</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
<b>C. Russell, Michael, Edward, , II, MD</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 5930 Brixworth Dr City Tyler State TX Zip Code 75703 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 ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 13 / 2019 <b>Transaction ID : 10090474</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			3000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			