

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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. Yakel, Demian, M, , DO**

Mailing Address 4439 E 23rd St

City  
CasperState  
WYZip Code  
82609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Summit Medical CenterOccupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

**Transaction ID : 10102211**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Jiranek, William, A, , MD**

Mailing Address 4066 Old River Trail

City  
PowhatanState  
VAZip Code  
23139FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Duke UniversityOccupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	22	2019

**Transaction ID : 10102213**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

**C. Mollano, Anthony, V, , MD**

Mailing Address 163 Galloping Hill Rd

City  
ContoocookState  
NHZip Code  
03229-3401FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Concord OrthopaedicsOccupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	25	2019

**Transaction ID : 10102216**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

2084.00

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