

# **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)

PAGE 292 OF 652

☒ 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. Houde, John, Paul, , MD**

Mailing Address 135 Ladieu Road

City  
Plainfield

State  
NH

Zip Code  
03781

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alice Peck Day Orthopaedics

Occupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2019

**Transaction ID : 10102527**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Craig, William, Lewis, , MD**

Mailing Address 423 Arbor Rd

City  
Winston Salem

State  
NC

Zip Code  
27104-2019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OrthoCarolina

Occupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2019

**Transaction ID : 10102530**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Cassidy, Carter, , , MD**

Mailing Address 4890 Faulkirk Lane

City  
Lexington

State  
KY

Zip Code  
40515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Kentucky Res Program

Occupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2019

**Transaction ID : 10102531**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

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

835.00