

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

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

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(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**

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Slover, James, D, , MD</b></p> <p>Mailing Address 303 East 33rd Street Apt 8A</p> <p>City New York State NY Zip Code 10016</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) New York University Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 18 / 2019</p> <p><b>Transaction ID : 10126627</b></p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Shah, Roshan, P, , MD, JD</b></p> <p>Mailing Address 610 West 110th Street Apt 3E</p> <p>City New York State NY Zip Code 10025-2105</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Columbia University Medical Center Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 336.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 19 / 2019</p> <p><b>Transaction ID : 10126628</b></p> <p>Amount of Each Receipt this Period 84.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Mitros, Stephen, F, , MD</b></p> <p>Mailing Address 51045 Erin Glen Dr</p> <p>City Granger State IN Zip Code 46530-9089</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Mitros Orthopaedics Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Aggregate Year-to-Date ▼ 268.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 19 / 2019</p> <p><b>Transaction ID : 10126631</b></p> <p>Amount of Each Receipt this Period 84.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>418.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					