

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

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

FOR LINE NUMBER: PAGE 369 OF 652

(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

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

A. Baron, Jeffrey, M., MD

Mailing Address 6466 E Santa Aurelia

City
Tucson

State
AZ

Zip Code
85715

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2019

Transaction ID : 10151759

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Binder, William, F., MD

Mailing Address 2421 Lema Dr

City

Lake Havasu City

State

AZ

Zip Code

86406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lakeside Orthopedic Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2019

Transaction ID : 10151761

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Foley, James, Alexander, MD

Mailing Address 1705 E Bristlecone Dr

City

Hartland

State

WI

Zip Code

53029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopaedic Associates of Wisconsin

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2019

Transaction ID : 10151764

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3000.00