

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

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

FOR LINE NUMBER: PAGE 376 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. Reiter, Mitchell, Forest, , MD

Mailing Address 120 Ravine Lake Rd

City
Bernardsville

State
NJ

Zip Code
07924-1408

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2019

Transaction ID : 10152955

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Henneghan, David, M, , MD

Mailing Address 2111 Shadow View Circle

City
Plover

State
WI

Zip Code
54467

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Klasinski Clinic

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
05 / 09 / 2019

Transaction ID : 10152963

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Greenfield, Gerald, Q, , Jr, MD

Mailing Address 12 Remington Run

City
San Antonio

State
TX

Zip Code
78258-7707

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2019

Transaction ID : 10152964

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00