

**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. Snyder, Matthew, J, , MD**

Mailing Address 14912 Chopine Pass

City

Roanoke

State

IN

Zip Code

46783-9308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Orthopedic Hospital of Lutheran He

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	16	2019

**Transaction ID : 10157332**

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

**B. Grimm, Matthew, R, , MD**

Mailing Address 920 Avenue B

City

Marrero

State

LA

Zip Code

70072-3112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	16	2019

**Transaction ID : 10157333**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

**C. Forman, Scott, K, , MD**Mailing Address 360 San Miguel Dr  
Ste 701

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
05	16	2019

**Transaction ID : 10157334**

Amount of Each Receipt this Period

250.00

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

419.00

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