

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 400 OF 652

☒ 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

A. Shah, Roshan, P, , MD, JD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 610 West 110th Street Apt 3E City New York State NY Zip Code 10025-2105 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Columbia University Medical Center Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2019 Transaction ID : 10160374 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item	
B. Schmitz, Matthew, R, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 111 Ottawa Run City Shavano Park State TX Zip Code 78231-1457 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) San Antonio Military Medical Center Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2019 Transaction ID : 10160376 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item	
C. Mitros, Stephen, F, , MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 51045 Erin Glen Dr City Granger State IN Zip Code 46530-9089 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Mitros Orthopaedics Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 352.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2019 Transaction ID : 10160377 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item	
SUBTOTAL of Receipts This Page (optional)..... ▶			252.00	
TOTAL This Period (last page this line number only)..... ▶				