

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)

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☒ 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>A. Monaco, Joseph, Thomas, , MD</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 05 / 30 / 2019</p> <p>Transaction ID : 10172019</p>		
<p>Mailing Address 4 Potawatomie Trail</p> <p>Unit 2</p>			<p>Amount of Each Receipt this Period</p> <p>500.00</p>		
<p>City</p> <p>Indian Head Park</p>	<p>State</p> <p>IL</p>	<p>Zip Code</p> <p>60525</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>		
<p>Name of Employer (for Individual)</p> <p>Self Employed</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Baker, Champ, L, , Jr, MD</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 05 / 30 / 2019</p> <p>Transaction ID : 10172020</p>		
<p>Mailing Address 5 Mountainbrook Ct</p>			<p>Amount of Each Receipt this Period</p> <p>1000.00</p>		
<p>City</p> <p>Columbus</p>	<p>State</p> <p>GA</p>	<p>Zip Code</p> <p>31904</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>1000.00</p>		
<p>Name of Employer (for Individual)</p> <p>Jack Hughston Memorial Hospital</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Glassman, Steven, D, , MD</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 05 / 30 / 2019</p> <p>Transaction ID : 10172021</p>		
<p>Mailing Address 12345 Osage Road</p>			<p>Amount of Each Receipt this Period</p> <p>1000.00</p>		
<p>City</p> <p>Louisville</p>	<p>State</p> <p>KY</p>	<p>Zip Code</p> <p>40232</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>2000.00</p>		
<p>Name of Employer (for Individual)</p> <p>Norton Healthcare</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>					
<p>SUBTOTAL of Receipts This Page (optional).....</p>			<p>2500.00</p>		
<p>TOTAL This Period (last page this line number only).....</p>					