

**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 234 OF 563 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

| | | | | | |
|---|-------------|-------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. John C Gordon MD | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 07 / 2015 Transaction ID : 6856134 | | |
| Mailing Address 1232 Race Rd. #102 | | | Amount of Each Receipt this Period 1000.00 | | |
| City Baltimore | State MD | Zip Code 21237-4377 | | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Self Employed | | Occupation Orthopaedic Surgeon | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | | | |

| | | | | | |
|---|-------------|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Syed Ashfaq Hasan MD | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 08 / 2015 Transaction ID : 6856139 | | |
| Mailing Address 7730 Elmwood Road | | | Amount of Each Receipt this Period 250.00 | | |
| City Fulton | State MD | Zip Code 20759 | | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer UAMS | | Occupation Orthopaedic Surgeon | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | | | |

| | | | | | |
|---|-------------|-------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Charles D Hummer III, MD | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 08 / 2015 Transaction ID : 6856141 | | |
| Mailing Address 1157 Avonlea Circle | | | Amount of Each Receipt this Period 1000.00 | | |
| City Glen Mills | State PA | Zip Code 19342 | | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Premier Orthopaedics | | Occupation Orthopaedic Surgeon | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2250.00 |
| TOTAL This Period (last page this line number only).....▶ | |