

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 100 OF 495  
(check only one)

<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. Greene, Robert, Neil, , MD,FAOS**

Mailing Address 1211 N 16th Ave

City  
YakimaState  
WAZip Code  
98902-1347FEC 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 ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2019

**Transaction ID : 10288294**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

**B. Shah, Roshan, P, , MD, JD, FA**Mailing Address 610 West 110th Street  
Apt 3E

City

New York

State  
NYZip Code  
10025-2105FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Columbia University Medical CenterOccupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2019

**Transaction ID : 10288442**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

**c. Tyndall, William, A, , MD, FAAOS**

Mailing Address 123 Brittany Ln

City

Hollidaysburg

State  
PAZip Code  
16648-9269FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University OrthopedicsOccupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2019

**Transaction ID : 10288443**

Amount of Each Receipt this Period

84.00

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

252.00

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