

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

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

A. Harrison, Alicia, Karin, , MD, FAAOS

Mailing Address 1942 Humboldt Ave S

City
Minneapolis

State
MN

Zip Code
55403-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Minnesota

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2019

Transaction ID : 10320025

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Cannada, Lisa, K, , MD,FAAOS

Mailing Address 14357 Cottage Lake Road

City
Jacksonville

State
FL

Zip Code
32224-0849

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Florida College of Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2019

Transaction ID : 10320027

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Shrock, Kevin, B, , MD,FAAOS

Mailing Address 1414 SE 3rd Ave

City
Fort Lauderdale

State
FL

Zip Code
33316-1910

FEC 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2019

Transaction ID : 10320028

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

418.00