

# **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  <b>A. Shah, Roshan, P, , MD, JD, FA</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 19 / 2019  <b>Transaction ID : 10321673</b></p>	
<p>Mailing Address 610 West 110th Street  Apt 3E</p>			<p>Amount of Each Receipt this Period  84.00</p>	
<p>City  New York</p>	<p>State  NY</p>	<p>Zip Code  10025-2105</p>	<p><input type="checkbox"/> Memo Item</p>	
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  756.00</p>	
<p>Name of Employer (for Individual)  Columbia University Medical Center</p>			<p>Occupation (for Individual)  Orthopaedic Surgeon</p>	
<p>Receipt For:  <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  <b>B. Tyndall, William, A, , MD, FAAOS</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 19 / 2019  <b>Transaction ID : 10321674</b></p>	
<p>Mailing Address 123 Brittany Ln</p>			<p>Amount of Each Receipt this Period  84.00</p>	
<p>City  Hollidaysburg</p>	<p>State  PA</p>	<p>Zip Code  16648-9269</p>	<p><input type="checkbox"/> Memo Item</p>	
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  420.00</p>	
<p>Name of Employer (for Individual)  University Orthopedics</p>			<p>Occupation (for Individual)  Orthopaedic Surgeon</p>	
<p>Receipt For:  <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  <b>C. Arend, Thomas, E, , Jr</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 19 / 2019  <b>Transaction ID : 10321675</b></p>	
<p>Mailing Address 9400 W Higgins Rd</p>			<p>Amount of Each Receipt this Period  250.00</p>	
<p>City  Rosemont</p>	<p>State  IL</p>	<p>Zip Code  60018-4974</p>	<p><input type="checkbox"/> Memo Item</p>	
<p>FEC ID number of contributing federal political committee.  C</p>			<p>Aggregate Year-to-Date ▼  750.00</p>	
<p>Name of Employer (for Individual)  AAOS</p>			<p>Occupation (for Individual)  Chief Executive Officer</p>	
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>				
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....</p>			<p>418.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only).....</p>				