

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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. Becker, Carl, E, , MD, FAAOS

Mailing Address 9 Southview Lane

City

Lititz

State

PA

Zip Code

17543-8206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Westphal Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2019

Transaction ID : 10326657

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Ellis, Paul, , , MD, FAAOS

Mailing Address 5847 Lakehurst Ave

City

Dallas

State

TX

Zip Code

75230-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lankford Hand Surgery

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2019

Transaction ID : 10326659

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Mitchell, Matthew, E, , MD, FAAOS

Mailing Address 3903 Otter

City

Casper

State

WY

Zip Code

82604-4458

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Summit Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2019

Transaction ID : 10326668

Amount of Each Receipt this Period

1000.00

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

1750.00

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