

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 209 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. Shah, Roshan, P, , MD, JD, FA		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2019 Transaction ID : 10351438	
Mailing Address 610 West 110th Street Apt 3E		Amount of Each Receipt this Period 84.00	
City New York	State NY	Zip Code 10025-2105	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Columbia University Medical Center		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 840.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tyndall, William, A, , MD, FAAOS		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2019 Transaction ID : 10351439	
Mailing Address 123 Brittany Ln		Amount of Each Receipt this Period 84.00	
City Hollidaysburg	State PA	Zip Code 16648-9269	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) University Orthopedics		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Schmitz, Matthew, R, , MD, FAAOS		Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2019 Transaction ID : 10351440	
Mailing Address 111 Ottawa Run		Amount of Each Receipt this Period 84.00	
City Shavano Park	State TX	Zip Code 78231-1457	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) San Antonio Military Medical Center		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 672.00	
SUBTOTAL of Receipts This Page (optional).....		252.00	
TOTAL This Period (last page this line number only).....			