

# **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. Brown, Barrett, Shytles, , MD, FAAOS**

Mailing Address Fondren Orthopedic Group  
7401 Main St

City  
Houston

State  
TX

Zip Code  
77030-4509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Texas Orthopedic Hospital

Occupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2019

**Transaction ID : 10351454**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

**B. Olson, Craig, L, , MD, FAAOS**

Mailing Address 1800 Eagle Ridge Court

City

Manitowoc

State

WI

Zip Code

54220-8625

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 ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2019

**Transaction ID : 10351455**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

**C. Baker, Champ, , , III, MD, F**

Mailing Address 806 Overlook Dr

City

Columbus

State

GA

Zip Code

31906-4005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jack Hughston Memorial Hospital

Occupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2019

**Transaction ID : 10351456**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1168.00