

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 OF 495

(check only one)

☒ 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. Pinto, Mark, C, , MD, FAAOS</b></p> <p>Mailing Address 1382 Waterways Dr</p> <p>City Ann Arbor State MI Zip Code 48108-2751</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 16 / 2019</p> <p><b>Transaction ID : 10371603</b></p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Snyder, Matthew, J, , MD, FAAOS</b></p> <p>Mailing Address 14912 Chopine Pass</p> <p>City Roanoke State IN Zip Code 46783-9308</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 935.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 16 / 2019</p> <p><b>Transaction ID : 10371604</b></p> <p>Amount of Each Receipt this Period 85.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Grimm, Matthew, R, , MD, FAAOS</b></p> <p>Mailing Address 920 Avenue B</p> <p>City Marrero State LA Zip Code 70072-3112</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 924.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 16 / 2019</p> <p><b>Transaction ID : 10371605</b></p> <p>Amount of Each Receipt this Period 84.00</p> <p><input type="checkbox"/> Memo Item</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>419.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				