

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 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. Buckley, Steven, L., MD, FAAOS

Mailing Address 416 Locust Ave SE

City
HuntsvilleState
ALZip Code
35801-3712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Crestwood Medical CenterOccupation (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
11	/	15	/	2019

Transaction ID : 10372976

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Guanche, Carlos, , MD, FAAOS

Mailing Address 3608 Crownridge Drive

City

Sherman Oaks

State
CAZip Code
91403-4816FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern California Ortho InstituteOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2019

Transaction ID : 10373036

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Shah, Roshan, P., MD, JD, FAMailing Address 610 West 110th Street
Apt 3E

City

New York

State
NYZip Code
10025-2105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia University Medical CenterOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2019

Transaction ID : 10373562

Amount of Each Receipt this Period

84.00

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

1084.00

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