

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

A. Bercik, Michael, J, , Jr, MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1410 Center Road City Lancaster State PA Zip Code 17603-4730 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00			Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2019 Transaction ID : 10385706 Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item	
B. McPherson, Scott, A, , MD, FAAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2908 E 26th St City Sioux Falls State SD Zip Code 57103-4089 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Core 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 ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2019 Transaction ID : 10385714 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item	
C. Jiranek, William, A, , MD, FAAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 4066 Old River Trail City Powhatan State VA Zip Code 23139-4111 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Duke University Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 924.00			Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2019 Transaction ID : 10385717 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item	
SUBTOTAL of Receipts This Page (optional)..... ▶			1134.00	
TOTAL This Period (last page this line number only)..... ▶				