

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

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

FOR LINE NUMBER: PAGE 361 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**

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

**A. Shah, Roshan, P, , MD, JD, FA**

 Mailing Address 610 West 110th Street  
 Apt 3E

 City  
 New York

 State  
 NY

 Zip Code  
 10025-2105

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 Columbia University Medical Center

 Occupation (for Individual)  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : 10400762

Amount of Each Receipt this Period

☐ Memo Item

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

**B. Tyndall, William, A, , MD, FAAOS**

Mailing Address 123 Brittany Ln

City

Hollidaysburg

State

PA

Zip Code

16648-9269

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 University Orthopedics

 Occupation (for Individual)  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : 10400763

Amount of Each Receipt this Period

☐ Memo Item

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

**C. Arend, Thomas, E, , Jr**

Mailing Address 9400 W Higgins Rd

City

Rosemont

State

IL

Zip Code

60018-4974

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 AAOS

 Occupation (for Individual)  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : 10400764

Amount of Each Receipt this Period

☐ Memo Item

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

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