

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. Maguire, Richard, R, , MD, FAAOS

Mailing Address 2332 Whiting Bay Courts

City
Kennesaw

State
GA

Zip Code
30152-6729

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoAtlanta LLC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : 10418345

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. McHenry, Michael, A, , MD

Mailing Address 900 Circle 75 Parkway Ste 1700

City
Atlanta

State
GA

Zip Code
30339-3087

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoAtlanta, LLC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : 10418348

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Lichtenfeld, William, , , MD

Mailing Address 900 Circle 75 Pkwy Suite 1700

City
Atlanta

State
GA

Zip Code
30339-3087

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoAtlanta, LLC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : 10418349

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

900.00

295780.98