

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

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

FOR LINE NUMBER: PAGE 21 OF 671

(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. Alhadeff, Joseph, E., MD

Mailing Address 710 Oakwood Dr

City
Red Lion

State
PA

Zip Code
17356

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OSS Orthopaedic Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 12 / 2017

Transaction ID : 8450383

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Wolf, Brian, R., MD

Mailing Address 66 Crabapple Ct

City
Iowa City

State
IA

Zip Code
52246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Iowa Hospitals

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 12 / 2017

Transaction ID : 8451266

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Connolly, Edward, Adrian, MD

Mailing Address 2300 53rd Ave Ste LL04

City
Bettendorf

State
IA

Zip Code
52222-7565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ortho & Rheumatology Assoc.

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 12 / 2017

Transaction ID : 8451274

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

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

2000.00