

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)

PAGE 157 OF 671

☒ 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. McNulty, Patrick, , MD

Mailing Address 10981 Keymar Dr

City
Las Vegas

State
NV

Zip Code
89135-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nevada Orthopedic & Spine Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : 8502150

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Mendes, John, F, , MD

Mailing Address 97 Old Chester Rd

City
Essex Fells

State
NJ

Zip Code
07021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hackensack UMC Mountainside

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2017

Transaction ID : 8502151

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Guy, Daniel, K., , MD

Mailing Address 630 Country Club Rd

City
Lagrange

State
GA

Zip Code
30240-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emory Southern Orthopedics

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 Y
02 / 07 / 2017

Transaction ID : 8502429

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2000.00