

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

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

FOR LINE NUMBER: PAGE 84 OF 354

(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. Berg, David, C, , MD

Mailing Address 3944 Bobbin Brook Circle

City
Tallahassee

State
FL

Zip Code
32312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tallahassee Orthopedic Clinic III PL

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2018

Transaction ID : 9571934

Amount of Each Receipt this Period

2200.00

☐ Memo Item

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

B. Evans, Bruce, G, , MD

Mailing Address 1160 E 3900 S Ste 4000

City
Salt Lake City

State
UT

Zip Code
84124-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

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 Y
02 / 07 / 2018

Transaction ID : 9571935

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Jason, William, John, , MD

Mailing Address 12212 Cortez Boulevard

City
Brooksville

State
FL

Zip Code
34613

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bayfront Health Brooksville

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 Y
02 / 07 / 2018

Transaction ID : 9571936

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

2700.00

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