

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

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

FOR LINE NUMBER: PAGE 89 OF 118

(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 <b>A. Fernandez, Rafael, M., MD</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2016 <b>Transaction ID : 8393915</b>		
Mailing Address P.O. Box 800809			Amount of Each Receipt this Period 100.00		
City Coto Laurel	State PR	Zip Code 00780-0809	Memo Item <input type="checkbox"/>		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1100.00		
Name of Employer (for Individual) Self Employed			Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Littlejohn, Edward, C., MD</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2016 <b>Transaction ID : 8393930</b>		
Mailing Address 14911 National Ave Ste 6			Amount of Each Receipt this Period 150.00		
City Los Gatos	State CA	Zip Code 95032-2632	Memo Item <input type="checkbox"/>		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 600.00		
Name of Employer (for Individual) Ortho NorCal			Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Callahan, Bert, C., MD</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2016 <b>Transaction ID : 8393931</b>		
Mailing Address 511 N Center St			Amount of Each Receipt this Period 84.00		
City Beaver Dam	State WI	Zip Code 53916-2023	Memo Item <input type="checkbox"/>		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 924.00		
Name of Employer (for Individual) Beaver Dam Community Hospital			Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
<b>SUBTOTAL</b> of Receipts This Page (optional).....			334.00		
<b>TOTAL</b> This Period (last page this line number only).....					