

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

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

FOR LINE NUMBER: PAGE 147 OF 350  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

**A. Charles F Leinberry MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 205 Worstall Alley  
City Newtown State PA Zip Code 18940  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rothman Institute Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 08 / 2016  
**Transaction ID : 7891203**  
Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Charles E Cook MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1508 Bonham Court  
City Irving State TX Zip Code 75038  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Orthopedic Specialists Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 7896133**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**c. Charles D Hummer III, MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1157 Avonlea Circle  
City Glen Mills State PA Zip Code 19342  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 7897590**  
Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 2500.00  
**TOTAL** This Period (last page this line number only).....