

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 139 OF 452
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 Ameircan Association of Orthopaedic Surgeons--PAC of AAOS

A. John W Gainor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4350 Via St
 City Goleta State CA Zip Code 93110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Santa Barbara Medical Clinic Occupation 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
 01 / 17 / 2013
Transaction ID : 4785082
 Amount of Each Receipt this Period
 500.00

B. Joseph A Buckwalter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho 01008 JPP
 200 Hawkins Dr
 City Iowa City State IA Zip Code 52242-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Iowa Hospitals & Clinics Occupation 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
 01 / 17 / 2013
Transaction ID : 4785083
 Amount of Each Receipt this Period
 250.00

C. Gregory S Slaphey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 Fairway Dr
 City Carrollton State GA Zip Code 30117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carrollton Orthopaedic Clinic Occupation 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
 01 / 17 / 2013
Transaction ID : 4785089
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶