

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

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

FOR LINE NUMBER: PAGE 219 OF 419

(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 (Last, First, Middle Initial)

**A. Jeffrey L Lovallo MD**

Mailing Address 7107 Elizabeth Dr

City State Zip Code  
Mc Lean VA 22101-2624

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Anderson Orthopaedic Clinic 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  
10 23 2015

**Transaction ID : 7478946**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Christopher Henderson MD**

Mailing Address 17 Chatham Hill Circle

City State Zip Code  
Clarks Summit PA 18411

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Scranton Orthopedic Specialists 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  
10 23 2015

**Transaction ID : 7478987**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Roshan P. Shah MD, JD**

Mailing Address 610 West 110th Street  
Apt 3E

City State Zip Code  
New York NY 10025-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 24 2015

**Transaction ID : 7478992**

Amount of Each Receipt this Period

85.00

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

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

1335.00