

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

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

FOR LINE NUMBER:
(check only one)

PAGE 137 OF 267

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Rafael M Fernandez MD

Mailing Address P.O. Box 800809

City

Coto Laurel

State

PR

Zip Code

00780-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2016

Transaction ID : 8086665

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. E Jeff Kennedy MD

Mailing Address 235 Johnstone Dr

City

Madison

State

MS

Zip Code

39110-7686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Orthopaedic Clinic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2016

Transaction ID : 8088472

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Edward C Littlejohn MD

Mailing Address 14911 National Ave Ste 6

City

Los Gatos

State

CA

Zip Code

95032-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho NorCal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2016

Transaction ID : 8088474

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

500.00