

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 106 OF 459

☒ 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

A. Mumford, Joseph, E., MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 3110 SW Briarwood Circle City Topeka State KS Zip Code 66611 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Stormont Vail Healthcare Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 25 / 2017 Transaction ID : 8823040 Amount of Each Receipt this Period 375.00 <input type="checkbox"/> Memo Item
B. Papas, Spiro, N., MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 200 Delafield Rd Ste 1040 City Pittsburgh State PA Zip Code 15215 FEC ID number of contributing federal political committee. C 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) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 25 / 2017 Transaction ID : 8823045 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
C. Evans, Bruce, G., MD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1160 E 3900 S Ste 4000 City Salt Lake City State UT Zip Code 84124-1202 FEC ID number of contributing federal political committee. C 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) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 25 / 2017 Transaction ID : 8823047 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1125.00
TOTAL This Period (last page this line number only)..... ▶			