

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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Papa, John, A, , MD

Mailing Address 1440 Hibiscus Ave

City
Winter Park

State
FL

Zip Code
32789

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jewett Orthopaedic Clinic

Occupation (for Individual)
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
12 / 07 / 2017

Transaction ID : 8959120

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Connolly, Edward, Adrian, , MD

Mailing Address 2300 53rd Ave Ste LL04

City
Bettendorf

State
IA

Zip Code
52722-7565

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ortho & Rheumatology Assoc.

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 07 / 2017

Transaction ID : 8959121

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Humphreys, Steven, Craig, , MD

Mailing Address 935 Keystone Dr

City
Soldotna

State
AK

Zip Code
99669

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kenai Spine

Occupation (for Individual)
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
12 / 07 / 2017

Transaction ID : 8959122

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1125.00