

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS
FEC IDENTIFICATION NUMBER C C00343137
Check if [X] 24-hour report [] 48-hour report [] New report [X] Amends report filed on 10 / 30 / 2014

Full Name of Payee Mammen Group, Inc
Mailing Address 1901 L Street, N.W.
City Washington State DC Zip Code 20036
Purpose of Expenditure Maffei-Medicare Category/Type 011
Name of Federal Candidate Daniel Maffei [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 10 / 29 / 2014
Amount 23612.16
Transaction ID : 6460327
Date of Disbursement or Obligation
Office Sought: [X] House District: 25 [] President [] Senate State: NY
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type
Name of Federal Candidate [] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Office Sought: [] House District: [] [] President [] Senate State: []
Disbursement For: [] Primary [] General [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 23612.16; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 23612.16

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature William J. Robb III, MD [Electronically Filed] Date 11 / 03 / 2014