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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	
Political Action Committee of the American Association of Orthopaedic	
SurgeonsPAC of AAOS	C 000343137
Check if 24-hour report 48-hour report New report Amends report file	led on 10 / 30 / 2014
Full Name of Payee	Date of Public Distribution/Dissemination
Mammen Group, Inc	10 29 / 2014
Mailing Address 1901 L Street, N.W.	Amount
City State Zip Code	12334.64
Washington DC 20036	Transaction ID: 6460406 Date of Disbursement or Obligation
Purpose of Expenditure Richmond-a Strong Voice for Louisiana Category/ Type 011	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Of	fice Sought: X House District: 02
Cedric Richmond Oppose	President Senate State: LA
	sbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	-
	Pate of Picture would be Obligation
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type Type	
Name of Federal Candidate Support Of	ffice Sought: House District:
Oppose [President Senate State:
Calondar Tour To Bato	sbursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	12334.64
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	12334.64
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.	
William J. Robb III, MD [Electronically Filed] Date	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	