## 11/03/2014 14 : 49

## Image# 14952568017 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(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		
Check if X 24-hour report 48-hour report New report X Amends report filed on 10 / 24 / 2014		
Full Name of Payee Mammen Group, Inc Mailing Address 1901 L Street, N.W.		Date of Public Distribution/Dissemination
City	Zin Code	Amount
City State Washington DC	Zip Code 20036	23133.60 Transaction ID : 6460317 Date of Disbursement or Obligation
Purpose of Expenditure Capps-Nurse	Category/ Type 011	
Name of Federal Candidate Lois Capps	Support Oppose	Office Sought:     House     District:     22       President     Senate     State:     CA
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City State	Zip Code	
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate	Support Oppose	Office Sought:     House     District:       President     Senate     State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		23133.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		23133.60
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 [Electron Signature	nically Filed] Date	11 03 / Y Y Y Y Y 2014