

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

ADDRESS (number and street) 317 Massachusetts Ave., N.E. 1st Floor Washington DC 20002 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00343137 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 11 / 06 / 2018 in the State of

5. Covering Period 10 / 18 / 2018 through 11 / 26 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Lundy, W, , Douglas, MD, MBA Type or Print Name of Treasurer

Signature of Treasurer Lundy, W, , Douglas, MD, MBA [Electronically Filed] Date 12 / 05 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		679294.67
(b) Cash on Hand at Beginning of Reporting Period.....	312393.84	
(c) Total Receipts (from Line 19)	88108.21	1247031.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	400502.05	1926326.30
7. Total Disbursements (from Line 31).....	24041.73	1549865.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	376460.32	376460.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	76125.41	1062267.22
(ii) Unitemized	7749.33	118366.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	83874.74	1180633.95
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	83874.74	1180633.95
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	3496.47	25214.23
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	35125.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	737.00	6058.45
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	88108.21	1247031.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	88108.21	1247031.63

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2541.73	26592.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2541.73	26592.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	1133718.75
24. Independent Expenditures (use Schedule E)	0.00	24730.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	14825.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	14825.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	350000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24041.73	1549865.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24041.73	1549865.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	83874.74	1180633.95
34. Total Contribution Refunds (from Line 28(d))	0.00	14825.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	83874.74	1165808.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2541.73	26592.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3496.47	25214.23
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 954.74	1378.00

**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 6 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Shah, Roshan, P, , MD, JD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 West 110th Street
 Apt 3E
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia University Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 19 / 2018
Transaction ID : 9894560
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Greene, Robert, Neil, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 N 16th Ave
 City Yakima State WA Zip Code 98902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 19 / 2018
Transaction ID : 9894561
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Arnold, Douglas, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5575 Polo Ridge
 City Waunakee State WI Zip Code 53597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Divine Savior Healthcare Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2018
Transaction ID : 9896211
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	668.00
TOTAL This Period (last page this line number only).....	

**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 7 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Bakker, Dirk, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9097 Lakeshore Dr
 City West Olive State MI Zip Code 49460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2018
Transaction ID : 9896348
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Brown, Barrett, Shytles, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Fondren Orthopedic Group 7401 S Main St
 City Houston State TX Zip Code 77030-4509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 20 / 2018
Transaction ID : 9896349
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Olson, Craig, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Eagle Ridge Court
 City Manitowoc State WI Zip Code 54220-8625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 20 / 2018
Transaction ID : 9896350
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	668.00
TOTAL This Period (last page this line number only).....	

**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 8 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Sherbondy, Paul, Strawn, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 Beaumont Drive
 City State College State PA Zip Code 16801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2018
Transaction ID : 9896370
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. McCrosson, John, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2749 Fountainhead Way
 City Mount Pleasant State SC Zip Code 29466-8590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Charleston Hip & Knee Replacement Cent Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2018
Transaction ID : 9896371
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Chapman, Cary, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Flagg Court
 City Staten Island State NY Zip Code 10304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2018
Transaction ID : 9896372
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	418.00
TOTAL This Period (last page this line number only).....▶	

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 9 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Chandler, David, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 165 Middle Plantation Ln

City Gulf Breeze	State FL	Zip Code 32561
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2018

Transaction ID : 9896373

Amount of Each Receipt this Period
84.00

Memo Item

B. Stoeckl, Andrew, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Fairlawn Dr

City Amherst	State NY	Zip Code 14226
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Excelsior Orthopedics	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
498.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2018

Transaction ID : 9896374

Amount of Each Receipt this Period
83.00

Memo Item

C. Baker, Champ, , , III, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 806 Overlook Dr

City Columbus	State GA	Zip Code 31906
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Jack Hughston Memorial Hospital	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2018

Transaction ID : 9896397

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1167.00
TOTAL This Period (last page this line number only).....	

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 10 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kinnucan, Elspeth R E, , MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2018
Mailing Address 1917 Oak Crest Dr			Transaction ID : 9896399
City Roseville	State CA	Zip Code 95661-4060	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Kaiser Roseville Medical Center		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mansfield, David, J, , MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2018
Mailing Address 773 Azalea Pl			Transaction ID : 9896400
City El Paso	State TX	Zip Code 79922	Amount of Each Receipt this Period 84.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) El Paso Orthopaedic Surgery Group		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1040.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Halsey, David, A, , MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2018
Mailing Address PO Box 9000 #132			Transaction ID : 9896402
City Edgartown	State MA	Zip Code 02539	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Martha's Vineyard Hospital		Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1150.00	

SUBTOTAL of Receipts This Page (optional).....	834.00
TOTAL This Period (last page this line number only).....	

**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 11 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Hackbarth, Donald, A, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N70 W14567 Terrace Drive
 City Menomonee Falls State WI Zip Code 53051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2018
Transaction ID : 9896403
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Szczech, Bartlomiej, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Intervale Way
 City Lake Placid State NY Zip Code 12946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Joseph's Hospital Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2018
Transaction ID : 9896404
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Veitch, Andrew, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13416 Desert Zinnia Ct NE
 City Albuquerque State NM Zip Code 87111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 22 / 2018
Transaction ID : 9896405
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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 12 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Cimino, William, Gerard, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 Merwins Ln
 City Fairfield State CT Zip Code 06824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2018
Transaction ID : 9899667
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Navarro, Ronald, Anthony, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Wide Loop Rd
 City Rolling Hills State CA Zip Code 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente South Bay Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9899668
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Noffsinger, Mark, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7208 Selah Court
 City Mattawan State MI Zip Code 49071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9899669
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1334.00
TOTAL This Period (last page this line number only).....	

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 13 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. More, Robert, Cameron, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8100 Wescott Drive
 Suite 101
 City Flemington State NJ Zip Code 08822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Hunterdon Orthopaedic Institute Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2018
Transaction ID : 9899670
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Scales, Darrell, Kevin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Tee Dr
 City Braselton State GA Zip Code 30517-4078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed 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 Y
 10 / 23 / 2018
Transaction ID : 9899671
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Barber, Thomas, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 El Caminito
 City Orinda State CA Zip Code 94563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Kaiser Permanente Medical Center 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 Y
 10 / 23 / 2018
Transaction ID : 9899672
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

**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 14 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Handling, Matthew, Alexander, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Somerset Rd
 City Wilmington State DE Zip Code 19803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First State Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9899682
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Okun, John, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3701 W Corona St
 City Tampa State FL Zip Code 33629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9900495
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Greene, Perry, William, , III, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5001 Brookdale Rd
 City Bloomfield Hills State MI Zip Code 48304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oakland Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9900497
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

**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 15 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Basta, Jean, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7010 Space Drive
 City Cheyenne State WY Zip Code 82009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cheyenne Orthopedics, PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9900498
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Parker, John, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6248 Turnwood
 City Jamesville State NY Zip Code 13078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Syracuse Orthopedic Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9900499
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kelleher, Inez, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 914 N Country Club Ln
 City Biloxi State MS Zip Code 39532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Hospital Gulfport Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9900502
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**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 16 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Hartsock, Langdon, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 Tradd Street
 City Charleston State SC Zip Code 29401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Med Univ of SC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 24 / 2018
Transaction ID : 9900849
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Malone, Stephen, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 Westover Rd
 City Wilmington State DE Zip Code 19807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopaedic Spine Ctr PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2018
Transaction ID : 9900850
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Kaminski, Ken, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6987 Canal St
 City Tyler State TX Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Azalea Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2018
Transaction ID : 9900851
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

**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 17 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Frisch, Nicholas, Blair, , MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 977 Bloomfield Woods
 City Bloomfield Hills State MI Zip Code 48304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 10 / 24 / 2018
Transaction ID : 9900852
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Monson, David, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1491 LaChona Court NE
 City Atlanta State GA Zip Code 30329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 24 / 2018
Transaction ID : 9900853
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Roberts, Jeffrey, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31012 Wilderness Trail
 City Westlake State OH Zip Code 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 24 / 2018
Transaction ID : 9900854
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 418.00
TOTAL This Period (last page this line number only)..... ▶

**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 18 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Parry, Joshua, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 777 Bannock St
 City Denver State CO Zip Code 80204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Grad School of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 24 / 2018
Transaction ID : 9901511
 Amount of Each Receipt this Period 500.00
 Memo Item

B. McCulloch, Patrick, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 Buckingham Drive
 City Venetia State PA Zip Code 15367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Ortho & Rehab Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 10 / 25 / 2018
Transaction ID : 9901512
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Hire, Justin, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Newton Court
 City Fort Leonard Wood State MO Zip Code 65473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 25 / 2018
Transaction ID : 9901513
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	626.00
TOTAL This Period (last page this line number only).....	

**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 19 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. McCoy, Blane, William, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2604 Hidden Canyon Dr
 City Brecksville State OH Zip Code 44141
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NOMS/ Southwest Orthopaedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9901563
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Baum, Jeffrey, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1094 Fox Chapel Rd
 City Pittsburgh State PA Zip Code 15238-2014
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Three Rivers Ortho Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9901564
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Holloway, G, Brian, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8956 Hemingway Grove Circle
 City Knoxville State TN Zip Code 37922
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Knoxville Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9901565
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 2250.00
TOTAL This Period (last page this line number only).....

**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 20 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Hennrikus, William, L, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 Laurel Ridge Rd
 City Hershey State PA Zip Code 17033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Medical School Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9901567
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Griffin, Letha, Y, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2540 Brookdale Dr NW
 City Atlanta State GA Zip Code 30305-3556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peachtree Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9901568
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Nichols, James, W, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1112 Mill St
 City Camden State SC Zip Code 29020-3712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Camden Bone & Joint LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9901569
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**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 21 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Granberry, Michael, Lee, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 McGregor Avenue South
 City Mobile State AL Zip Code 36608
 Name of Employer (for Individual) Alabama Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9901572
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Colon-Nebot, Rolando, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 668
 City Arecibo State PR Zip Code 00613-0668
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9901573
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Guanche, Carlos, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3608 Crownridge Drive
 City Sherman Oaks State CA Zip Code 91403
 Name of Employer (for Individual) Southern California Ortho Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9901594
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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 22 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Noyes, Frank, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 Cunningham Rd
 City Cincinnati State OH Zip Code 45243
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Mercy Health-Cincinnati Sportsmedicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9901596
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Dorr, Lawrence, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 671 Bellefontaine Street
 City Pasadena State CA Zip Code 91105
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9901597
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Schmitz, Miguel, Antonio, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8624 E Maringo Dr
 City Spokane State WA Zip Code 99212
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Alpine Orthopaedic and Spine PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 975.00

Date of Receipt 10 / 23 / 2018
Transaction ID : 9901599
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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 23 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Seitz, William, H, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1730 W 25th St
 2C
 City Cleveland State OH Zip Code 44113
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Lutheran Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 9901991
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kirol, Bernard, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Buckthorn Circle
 City Elgin State SC Zip Code 29045
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 10 / 27 / 2018
Transaction ID : 9904849
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Reynolds, Kirk, Allen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11901 Fairway Dr
 City Little Rock State AR Zip Code 72212
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Arkansas Specialty Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 756.00

Date of Receipt 10 / 27 / 2018
Transaction ID : 9904850
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	409.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 OF 119 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Hackett, Thomas, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 770 Potatoe Patch Unit 1
 City Vail State CO Zip Code 81657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Steadman Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 27 / 2018
Transaction ID : 9904852
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mitros, Stephen, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51045 Erin Glen Dr
 City Granger State IN Zip Code 46530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mitros Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt 10 / 27 / 2018
Transaction ID : 9904853
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Cooper, Scott, Snow, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 NW A St
 City Bentonville State AR Zip Code 72712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Clinic Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 27 / 2018
Transaction ID : 9904854
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	419.00
TOTAL This Period (last page this line number only).....▶	

**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 25 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Sarwahi, Vishal, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 650 West 42nd St Apt 3912

City New York	State NY	Zip Code 10036
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cohen Children's Medical Center	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2018

Transaction ID : 9904855

Amount of Each Receipt this Period
84.00

Memo Item

B. Giammattei, Frank, P, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Woodbrook Rd

City Swarthmore	State PA	Zip Code 19081
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Premier Orthopaedic Associates	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2018

Transaction ID : 9904858

Amount of Each Receipt this Period
84.00

Memo Item

C. Adamson, Kent, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Via Rancho

City San Clemente	State CA	Zip Code 92672
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2018

Transaction ID : 9904859

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

**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 26 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Gary, Joshua, Layne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3726 Tangley Rd
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 840.00

Date of Receipt 10 / 28 / 2018
Transaction ID : 9904860
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Easley, Mark, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Duke Medicine 4709 Creekstone Drive
 City Durham State NC Zip Code 27703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 840.00

Date of Receipt 10 / 28 / 2018
Transaction ID : 9904861
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Carolan, Gregory, Francis, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 Meadow Ridge Ct
 City Bethlehem State PA Zip Code 18015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Luke's Ortho Surg Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 840.00

Date of Receipt 10 / 28 / 2018
Transaction ID : 9904862
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
TOTAL This Period (last page this line number only).....	

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 27 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Foster, W, Stanley, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Valerie Dr
 City Lafayette State LA Zip Code 70508-6008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2018
Transaction ID : 9904863
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Torres, Daniel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1488 Shelburne Ct
 City Allentown State PA Zip Code 18104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Med Branch Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2018
Transaction ID : 9904865
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Bass, Robert, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5721 Salisbury
 City Prosper State TX Zip Code 75078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTSW Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2018
Transaction ID : 9904866
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	669.00
TOTAL This Period (last page this line number only).....	

**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 28 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Pushkin, Gary, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 Greenway
 City Baltimore State MD Zip Code 21218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cohen & Pushkin MD PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 28 / 2018
Transaction ID : 9904868
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Agarwal, Animesh, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Falcon Point
 City Boerne State TX Zip Code 78006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ TX Hlth Sci Ctr at San Antonio Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2018
Transaction ID : 9904870
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Allard, Mark, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3010 Cortney Circle
 City Siloam Springs State AR Zip Code 72761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 10 / 28 / 2018
Transaction ID : 9904871
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
TOTAL This Period (last page this line number only).....	

**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 29 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Parsley, Brian, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5420 West Loop South, Suite 2400
 City Belleaire State TX Zip Code 77401-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Health Physicians Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 28 / 2018
Transaction ID : 9904872
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Petfield, Joseph, Laurence, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address CMR 402 Box 1658
 City APO State AE Zip Code 09180-0017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Landstuhl Regional Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2018
Transaction ID : 9904874
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Minkowitz, Barbara, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 James St Ste 3C
 City Morristown State NJ Zip Code 07960-6348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atlantic Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 30 / 2018
Transaction ID : 9906757
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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 30 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Galleno, Humberto, A, , MD

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

Mailing Address Inter-Community Prof Plaza
315 N 3rd Ave Ste 302

City Covina State CA Zip Code 91723-1916

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2018

Transaction ID : 9906759

Amount of Each Receipt this Period 250.00

Memo Item

B. Urrea, Robert, , , MD

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

Mailing Address 6211 Edgemere Blvd Ste 1

City El Paso State TX Zip Code 79925

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2018

Transaction ID : 9906766

Amount of Each Receipt this Period 250.00

Memo Item

c. Orvald, Todd, Busse, , MD

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

Mailing Address 1211 N 16th Ave

City Yakima State WA Zip Code 98902-2950

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopaedics Northwest Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 29 / 2018

Transaction ID : 9906767

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

**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 31 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Champine, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2928 Stanford Ave
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9906775
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bathon, G, Howard, , II, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 127 Charlesbrooke Road
 City Baltimore State MD Zip Code 21212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Balto Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9906777
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Sides, Steven, Douglas, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5321 West B St
 City Greeley State CO Zip Code 80634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Banner Mountain Vista Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9906778
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

**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 32 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Black, Arthur, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4013 Players Cove
 City Gautier State MS Zip Code 39553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allstar Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9906780
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Feighan, John, English, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2260 Harcourt Dr
 City Cleveland Heights State OH Zip Code 44106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 9906793
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Greider, Thomas, David, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5210 Brae Burn
 City Bellaire State TX Zip Code 77401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bone & Joint Clinic of Houston Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 9906794
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**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 33 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Malumed, Jeffrey, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3809 West Chester Pike Suite 150
 City Newtown Square State PA Zip Code 19073
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Premier Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 9906796
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Teuscher, David, Dean, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 26
 City Paige State TX Zip Code 78659
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2018
Transaction ID : 9906873
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Yates, Adolph, J, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 Mallard Dr
 City Pittsburgh State PA Zip Code 15238
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Univ of Pittsburgh Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 9907271
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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 34 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Murrell, Samuel, Edwin, , III, MD

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

Mailing Address 3946 Grandview Avenue

City Memphis	State TN	Zip Code 38111
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OrthoMemphis	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1392.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2018

Transaction ID : 9907276

Amount of Each Receipt this Period
192.00

Memo Item

B. Flandry, Frederick, C, , MD

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

Mailing Address Jack Hughston Memorial Hospital
6262 Veterans Pkwy PO Box 9517

City Columbus	State GA	Zip Code 31908-9517
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Jack Hughston Memorial Hospital	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2018

Transaction ID : 9907278

Amount of Each Receipt this Period
250.00

Memo Item

C. Cannon, David, L, , MD

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

Mailing Address 2639 Fox Hill Circle East

City Germantown	State TN	Zip Code 38139
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1090.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2018

Transaction ID : 9907281

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	692.00
TOTAL This Period (last page this line number only).....	

**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 35 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Hinchey, John, William, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 Normandy Ave
 City San Antonio State TX Zip Code 78209-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1125.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 9907282
 Amount of Each Receipt this Period 175.00
 Memo Item

B. Braaton, Paul, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1335 Coffee Rd Ste 100
 City Modesto State CA Zip Code 95355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1040.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 9907283
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Mollano, Anthony, V, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 163 Galloping Hill Rd
 City Contoocook State NH Zip Code 03229-3401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Concord Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 9907284
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1375.00
TOTAL This Period (last page this line number only).....	

**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 36 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Johnson, Wayne, Anthony, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8212 NW Stonebridge Ct
 City Lawton State OK Zip Code 73505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 9907286
 Amount of Each Receipt this Period 800.00
 Memo Item

B. Igram, Cassim, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3014 Woodland Ridge Dr NE
 City Iowa City State IA Zip Code 52240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Hosp & Clinics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 9907287
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Guy, Daniel, K., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 630 Country Club Rd
 City Lagrange State GA Zip Code 30240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory Southern Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 26 / 2018
Transaction ID : 9907289
 Amount of Each Receipt this Period 800.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	

**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 37 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Wright, Craig, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 278 Essex Ave
 City Bloomfield State NJ Zip Code 07003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 22 / 2018
Transaction ID : 9907314
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jiranek, William, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4066 Old River Trail
 City Powhatan State VA Zip Code 23139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 22 / 2018
Transaction ID : 9907318
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Glusenkamp, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Director, Orthopaedic Registries
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2018
Transaction ID : 9907319
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	384.00
TOTAL This Period (last page this line number only).....	

**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 38 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Besh, Basil, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6135 Clubhouse Dr
 City Pleasanton State CA Zip Code 94566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2018
Transaction ID : 9907320
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Damalas, Dino, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018-4975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2018
Transaction ID : 9907323
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Gill, John, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8230 Walnut Hill Lane Suite 708
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2018
Transaction ID : 9907324
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

**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 39 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Ryan, Andrew, Wilson, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 Fountain Court
 Suite 250
 City Lexington State KY Zip Code 40509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907326
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Pushkin, Gary, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 Greenway
 City Baltimore State MD Zip Code 21218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cohen & Pushkin MD PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907327
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Boyden, Eric, Martin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 Dartmouth Dr
 City Reno State NV Zip Code 89509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Reno Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907330
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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 40 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Moinfar, Amir, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4382 Stonecrest Dr

City Ellicott City	State MD	Zip Code 21043
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Elite Orthopaedic & Musculoskeletal Ce	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2018

Transaction ID : 9907331

Amount of Each Receipt this Period
100.00

Memo Item

B. Klatt, Brian, A, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 402 Sable Ct

City Wexford	State PA	Zip Code 15090-1003
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Shadyside Med Ctr	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
10		29		2018

Transaction ID : 9907332

Amount of Each Receipt this Period
1000.00

Memo Item

C. Archdeacon, Michael, T, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4538 Philnoll Dr

City Cincinnati	State OH	Zip Code 45247-5079
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC Dept of Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2018

Transaction ID : 9907335

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

**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 41 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Parsons, Theodore, W, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1334 Cole St
 City Birmingham State MI Zip Code 48009-7033
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1100.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907336
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Palafox, Andrew, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 437 San Clemente Dr
 City El Paso State TX Zip Code 79912
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907337
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Keeney, James, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1106 Shallow Ridge Circle
 City Columbia State MO Zip Code 65201
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) University Missouri Orthopaedic Instit Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 850.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907338
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

**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 42 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Bruch, Richard, Franklin, , MD

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

Mailing Address 207 Pineview Rd

City Durham	State NC	Zip Code 27707
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2018

Transaction ID : 9907339

Amount of Each Receipt this Period
250.00

Memo Item

B. Prud'homme, Bonhomme, Joseph, , MD

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

Mailing Address One Medical Center Drive
PO Box 9196

City Morgantown	State WV	Zip Code 26508
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2018

Transaction ID : 9907340

Amount of Each Receipt this Period
250.00

Memo Item

c. Migliori, Sidney, Premer, , MD

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

Mailing Address 40 Chief Botelho Ct

City East Greenwich	State RI	Zip Code 02818
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ortho Rhode Island	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2018

Transaction ID : 9907341

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

**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 43 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Bush-Joseph, Charles, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 419 N Lincoln
 City Hinsdale State IL Zip Code 60521-3444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Orthopaedics at Rush Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907342
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sponseller, Paul, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Coniston Rd
 City Ruxton State MD Zip Code 21204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907344
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Muzzonigro, Thomas, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5017 Karrington Dr
 City Gibsonia State PA Zip Code 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tri Rivers Musculoskeletal Centers Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907347
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

**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 44 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Engh, C, Anderson, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Wolfe St
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anderson Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907348
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hodges, Peter, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Charles Pl
 City Manhattan State KS Zip Code 66502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907349
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kupiszewski, Stanley, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1651 Apache Trail
 City Maitland State FL Zip Code 32751-4905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrlandoHealth Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907350
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

**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 45 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Nakano, Jeffrey, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 699 Cascade Dr
 City Grand Junction State CO Zip Code 81506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907353
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Baird, Robert, C, , III, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 358 Charleston Court
 City Mobile State AL Zip Code 36608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopaedic Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907354
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Cassidy, Carter, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 Alton Road c/o KOS
 City Danville State KY Zip Code 40422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Res Program Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 01 / 2018
Transaction ID : 9907363
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	285.00
TOTAL This Period (last page this line number only).....	

**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 46 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Reed, Lori, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Klaas Boulevard
 City Madison State MS Zip Code 39110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Mississippi Medical Cent Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 11 / 01 / 2018
Transaction ID : 9907364
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Bailey, James, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10439 Blue Summit Court
 City San Diego State CA Zip Code 92131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 11 / 01 / 2018
Transaction ID : 9907365
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Grindel, Steven, I, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7615 N Beach Dr
 City Fox Point State WI Zip Code 53217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907526
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	226.00
TOTAL This Period (last page this line number only).....	

**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 47 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Mejia, Alfonso, , , MD, MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5332 South Shore Drive
 City Chicago State IL Zip Code 60615-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Illinois Association of Orthopedic Sur Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 856.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2018
Transaction ID : 9907527
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Rajacich, Nicholas, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 619 North I Street
 City Tacoma State WA Zip Code 98403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2018
Transaction ID : 9907528
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Bredthauer, Bryan, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9814 Harney Pkwy North
 City Omaha State NE Zip Code 68114-4945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 OrthoNebraska Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2018
Transaction ID : 9907529
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

**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 48 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Kennedy, E, Jeff, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 Johnstone Dr
 City Madison State MS Zip Code 39110-7686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907530
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Muzzonigro, Thomas, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5017 Karrington Dr
 City Gibsonia State PA Zip Code 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tri Rivers Musculoskeletal Centers Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1601.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907531
 Amount of Each Receipt this Period 201.00
 Memo Item

C. Delanois, Ronald, Emilio, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Brookfield Garth
 City Lutherville Timonium State MD Zip Code 21093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lifebridge Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907532
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1201.00
TOTAL This Period (last page this line number only).....	

**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 49 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Iorio, Richard, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Prince St
 City Beverly State MA Zip Code 01915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Langone Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907533
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Mejia, Alfonso, , , MD, MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5332 South Shore Drive
 City Chicago State IL Zip Code 60615-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illinois Association of Orthopedic Sur Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 940.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907534
 Amount of Each Receipt this Period 84.00
 Memo Item

C. O'Leary, James, Allen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Rivermist Court
 City Irmo State SC Zip Code 29063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 29 / 2018
Transaction ID : 9907536
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
TOTAL This Period (last page this line number only).....	

**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 50 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Mott, Michael, P, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11193 Maple Ridge Drive

City Plymouth	State MI	Zip Code 48170
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Henry Ford Hospital, K-12	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2018

Transaction ID : 9907537

Amount of Each Receipt this Period
50.00

Memo Item

B. Floyd, Donald, Wray, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Hialeah Dr

City Midland	State TX	Zip Code 79705
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2018

Transaction ID : 9907538

Amount of Each Receipt this Period
100.00

Memo Item

C. Waddell, Bradford, Sutton, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 97 Lewis St

City Greenwich	State CT	Zip Code 06830
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ochsner Clinic	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2018

Transaction ID : 9907539

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	234.00
TOTAL This Period (last page this line number only).....	

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 51 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Lopez, David, Vincent, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Courtney Ct
 City Freehold State NJ Zip Code 07728
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 30 / 2018
Transaction ID : 9907540
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Katchis, Stuart, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Barker Lane
 City Scarsdale State NY Zip Code 10583
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2018
Transaction ID : 9908563
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mather, Richard, C, , III, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Watts St
 City Durham State NC Zip Code 27701
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 11 / 02 / 2018
Transaction ID : 9909801
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	668.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 119
(check only one)
 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Uppal, Renny, , , MD

Mailing Address 1730 Sharpe Hill Circle

City Reno	State NV	Zip Code 89523-3924
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2018

Transaction ID : 9909802

Amount of Each Receipt this Period
 84.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Wyatt, Ronald, W B, , MD

Mailing Address 533 Carleton Way

City Alamo	State CA	Zip Code 94507
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kaiser Permanente	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2018

Transaction ID : 9910935

Amount of Each Receipt this Period
 100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Means, Kenneth, Robert, , Jr, MD

Mailing Address 2908 Crabapple Ln

City Ellicott City	State MD	Zip Code 21042
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Union Memorial Hospital	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2018

Transaction ID : 9910937

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	684.00
TOTAL This Period (last page this line number only).....▶	

**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 53 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Renard, Regis, Louis, , MD			Date of Receipt		
Mailing Address 411 Chenal Woods Drive			M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2018		
City Little Rock	State AR	Zip Code 72223-9199	Transaction ID : 9910972		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00		
Name of Employer (for Individual) UAMS, Department of Orthopaedics		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Santore, Richard, F, , MD			Date of Receipt		
Mailing Address PO Box 7016			M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2018		
City Rancho Santa Fe	State CA	Zip Code 92067-7016	Transaction ID : 9910973		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 84.00		
Name of Employer (for Individual) Sharp Healthcare Hip Preservation Cent		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 924.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mosley, Emmett, Wayne, , MD			Date of Receipt		
Mailing Address 1309 Upland Crest Ct			M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2018		
City Gulf Breeze	State FL	Zip Code 32563-3727	Transaction ID : 9910974		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 84.00		
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 924.00			

SUBTOTAL of Receipts This Page (optional).....▶	418.00
TOTAL This Period (last page this line number only).....▶	

**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 54 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Smith, Eric, Louis, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 Beacon St
 City Waban State MA Zip Code 02468-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston Medical Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 11 / 04 / 2018
Transaction ID : 9910975
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Jennings, Randall, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1925 Roosevelt St
 City North Bend State OR Zip Code 97459-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Bend Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 11 / 04 / 2018
Transaction ID : 9910976
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Pui, Christine, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 639 City View Dr
 City Minnetonka State MN Zip Code 55305-1231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Park Nicollet Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 04 / 2018
Transaction ID : 9910978
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	668.00
TOTAL This Period (last page this line number only).....	

**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 55 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Lintecum, Neal, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 789 N 1500 Road

City Lawrence	State KS	Zip Code 66049-9194
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2018
Transaction ID : 9910982

Amount of Each Receipt this Period
 200.00

Memo Item

B. Nelson, Daniel, Richard, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 654 W Sawgrass Trail

City Dakota Dunes	State SD	Zip Code 57049-5206
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CNOS	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2018
Transaction ID : 9910984

Amount of Each Receipt this Period
 84.00

Memo Item

C. Schmale, Gregory, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6515 126th Ave NE

City Kirkland	State WA	Zip Code 98033-8569
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2018
Transaction ID : 9910985

Amount of Each Receipt this Period
 84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	368.00
TOTAL This Period (last page this line number only).....	

**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 56 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Copeland, Randolph, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1609 Red Rock Dr
 City Gallup State NM Zip Code 87301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Gallup Indian Med Ctr Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : 9911744
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Fraser, Michael, Robson, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2808 NW Walden Dr
 City Camas State WA Zip Code 98607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 US Navy Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : 9911746
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Manson, Theodore, Thomas, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 Muirfield Close
 City Bel Air State MD Zip Code 21015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 University of Maryland Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2018
Transaction ID : 9911747
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**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 57 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Bopp, Timothy, J., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3920 Ridge Way
 City Bismarck State ND Zip Code 58503-9198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bone & Joint Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 02 / 2018
Transaction ID : 9911759
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Lehman, William, L., Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2605 Colecreek Ln
 City Rock Hill State SC Zip Code 29732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Health Care Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2018
Transaction ID : 9911760
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Port, J, Teig, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 456 Wyndemere
 City Heath State TX Zip Code 75032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 05 / 2018
Transaction ID : 9914701
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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 58 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Milia, Marc, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1386 Stanley
 City Birmingham State MI Zip Code 48009
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Oakland Regional Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2018
Transaction ID : 9914748
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cameron, Julian A, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 S Riverside Dr
 City Pompano Beach State FL Zip Code 33062
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Comprehensive Spine Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 06 / 2018
Transaction ID : 9914749
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Green, Daniel, William, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1925.00

Date of Receipt 11 / 07 / 2018
Transaction ID : 9914944
 Amount of Each Receipt this Period 175.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	675.00
TOTAL This Period (last page this line number only).....	

**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 59 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Kiner, Dirk, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 438 Oliver Street
 City Chattanooga State TN Zip Code 37405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 07 / 2018
Transaction ID : 9914945
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Taksali, Sudeep, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7535 SW Schroeder Way
 City Wilsonville State OR Zip Code 97070-9574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hope Orthopedics of Oregon Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2018
Transaction ID : 9938352
 Amount of Each Receipt this Period 250.00
 Memo Item

C. James, Jeremy, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 Green Leaf Circle
 City Madisonville State LA Zip Code 70447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DISC of Louisiana Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2018
Transaction ID : 9938353
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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 60 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Leddy, Michael, J, , MD			Date of Receipt
Mailing Address 3444 Masonic Dr			<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2018"/>
City Alexandria	State LA	Zip Code 71301	Transaction ID : 9938354
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Central Louisiana Surgical Hospital		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Moschetti, Wayne, E, , MD, MS			Date of Receipt
Mailing Address 4 Butternut Lane			<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2018"/>
City Hanover	State NH	Zip Code 03755	Transaction ID : 9938508
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) Dartmouth Hitchcock Medical Center		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lucie, R, Stephen, , MD			Date of Receipt
Mailing Address 3935 Ortega Blvd			<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2018"/>
City Jacksonville	State FL	Zip Code 32210	Transaction ID : 9940086
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) Jacksonville Orthopaedic Institute		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="850.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 61 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Kennedy, Thomas, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1106 Pecks Canyon
 City Yakima State WA Zip Code 98908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **11 / 08 / 2018**
Transaction ID : 9940094
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Clain, Michael, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Indian Head Rd
 City Riverside State CT Zip Code 06878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 924.00

Date of Receipt **11 / 09 / 2018**
Transaction ID : 9940227
 Amount of Each Receipt this Period **84.00**
 Memo Item

C. Rawlings, John, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Whitaker Way N
 City Richmond Hill State GA Zip Code 31324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Madigan Healthcare System Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 275.00

Date of Receipt **11 / 09 / 2018**
Transaction ID : 9940228
 Amount of Each Receipt this Period **25.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1109.00
TOTAL This Period (last page this line number only).....	

**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 62 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Braaton, Paul, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1335 Coffee Rd Ste 100

City Modesto	State CA	Zip Code 95355
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1124.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2018
Transaction ID : 9940229

Amount of Each Receipt this Period
84.00

Memo Item

B. Silverman, Lance, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2774 W Lake of the Isles Pkwy

City Minneapolis	State MN	Zip Code 55416-4337
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Silverman Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2018
Transaction ID : 9940230

Amount of Each Receipt this Period
250.00

Memo Item

C. Parsley, Brian, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5420 West Loop South, Suite 2400

City Bellaire	State TX	Zip Code 77401-2118
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UT Health Physicians	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2018
Transaction ID : 9941031

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
TOTAL This Period (last page this line number only).....	

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 63 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Dhillon, Manjit, S, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12705 Hogans Dr

City Chester	State VA	Zip Code 23836
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Southside Regional Medical Center	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
11		09		2018

Transaction ID : 9941032

Amount of Each Receipt this Period
250.00

Memo Item

B. Hamilton, William, George, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8299 Glen Cove Ct

City Alexandria	State VA	Zip Code 22308
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	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
11		03		2018

Transaction ID : 9941350

Amount of Each Receipt this Period
1000.00

Memo Item

C. Lowry, Jason, Kirk, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 Orthopedic Way

City Arlington	State TX	Zip Code 76015-1629
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Baylor Orthopedic & Spine Hospital at	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		02		2018

Transaction ID : 9941351

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

**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 64 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Banwart, J, Christopher, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3130 Skelley Ct
 City Joplin State MO Zip Code 64804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 03 / 2018**
Transaction ID : 9941352
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Garner, Richard, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7201 E Chester Heights Circle
 City Anchorage State AK Zip Code 99504-3563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anchorage Fracture & Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 935.00

Date of Receipt **11 / 11 / 2018**
Transaction ID : 9941414
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Pushkarewicz, Michael, J, , MD, FACS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 Braken Ave
 City Wilmington State DE Zip Code 19808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First State Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 462.00

Date of Receipt **11 / 12 / 2018**
Transaction ID : 9941419
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1127.00
TOTAL This Period (last page this line number only).....	

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 65 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Woods, Michael, W, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7600 Parkwood Dr

City Missoula	State MT	Zip Code 59808
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Missoula Bone & Joint	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
11		09		2018

Transaction ID : 9942933

Amount of Each Receipt this Period
250.00

Memo Item

B. Roodbeen, Craig, William, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1350 Kirts Blvd Ste 160

City Troy	State MI	Zip Code 48084-4830
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	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
11		09		2018

Transaction ID : 9942950

Amount of Each Receipt this Period
250.00

Memo Item

C. Clark, Michael, Allen, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3527 N Valdosta Rd , Suite B

City Valdosta	State GA	Zip Code 31602-1055
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Valdosta Orthopedic Associates	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
11		09		2018

Transaction ID : 9942951

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**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 66 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Krueger, Chad, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Seton Dr
 City Shrewsbury State MA Zip Code 01545-5468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1168.00

Date of Receipt 11 / 13 / 2018
Transaction ID : 9942960
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Ellis, Henry, Bone, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2945 Stanford Ave
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 11 / 13 / 2018
Transaction ID : 9942962
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Angel, Jeffery, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 Westwood Drive
 City Batesville State AR Zip Code 72501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) White River Health System Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 11 / 13 / 2018
Transaction ID : 9942963
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 119
(check only one)
 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Song, Frederick, Suh, , MD

Mailing Address 7 Beechtree Ln

City Princeton State NJ Zip Code 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Princeton Ortho Assoc Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2018
Transaction ID : 9943535

Amount of Each Receipt this Period 1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Edwards, Thomas, Bradley, , MD

Mailing Address 7401 S Main St

City Houston State TX Zip Code 77030-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2018
Transaction ID : 9943536

Amount of Each Receipt this Period 250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Courtney, Paul, Maxwell, , MD

Mailing Address 902 S Front St

City Philadelphia State PA Zip Code 19147

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 11 / 14 / 2018
Transaction ID : 9943537

Amount of Each Receipt this Period 84.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1334.00

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

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 68 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Carter, Ralph, E, , III, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 Sterling Ln

City Laurinburg	State NC	Zip Code 28352
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2018

Transaction ID : 9943538

Amount of Each Receipt this Period
250.00

Memo Item

B. Fellars, Todd, A, , MD, MBA, P
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18715 Bernardo Trails Dr

City San Diego	State CA	Zip Code 92128-1112
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Naval Medical Center San Diego	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2018

Transaction ID : 9943761

Amount of Each Receipt this Period
250.00

Memo Item

c. Melvin, James, Stuart, , III, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2908 45th St NW

City Washington	State DC	Zip Code 20016
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OrthoVirginia	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2018

Transaction ID : 9943762

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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 69 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Scheer, Zachary, Boyer, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2440 Lydia Ln

City Billings	State MT	Zip Code 59102-7958
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	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
11	/	14	/	2018

Transaction ID : 9943929

Amount of Each Receipt this Period
1000.00

Memo Item

B. Shenton, David, W, , Jr, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3134 Sycamore Ln

City Billings	State MT	Zip Code 59102-0524
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ortho Montana	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	14	/	2018

Transaction ID : 9943930

Amount of Each Receipt this Period
500.00

Memo Item

c. McDowell, Gregory, S, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2900 12th Ave N Ste 140W

City Billings	State MT	Zip Code 59101-7503
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ortho Montana	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
11	/	14	/	2018

Transaction ID : 9943931

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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 70 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Roccisano, Anthony, W, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2704 Gregory Dr S
 City Billings State MT Zip Code 59102
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Ortho Montana Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 14 / 2018
Transaction ID : 9943932
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Waddell, Bradford, Sutton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 97 Lewis St
 City Greenwich State CT Zip Code 06830
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Ochsner Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 940.00

Date of Receipt 11 / 02 / 2018
Transaction ID : 9945553
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Urband, Lindsey, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8008 Frost St Suite 403
 City San Diego State CA Zip Code 92123
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Hand Center of San Antonio Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 420.00

Date of Receipt 11 / 05 / 2018
Transaction ID : 9945555
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1184.00
TOTAL This Period (last page this line number only).....	

**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 71 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Sheehan, John, P, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6621 Cuming St
 City Omaha State NE Zip Code 68132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 06 / 2018
Transaction ID : 9945558
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Harrison, Alicia, Karin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1451 Knob Hill Ln
 City Excelsior State MN Zip Code 55331-8062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Minnesota Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 11 / 08 / 2018
Transaction ID : 9945561
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Cannada, Lisa, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14357 Cottage Lake Road
 City Jacksonville State FL Zip Code 32224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Florida College of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 11 / 09 / 2018
Transaction ID : 9945562
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	252.00
TOTAL This Period (last page this line number only).....	

**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 72 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Huddleston, James, Irvin, , III, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 103 Harkins Road

City Woodside	State CA	Zip Code 94062
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanford Medicine Outpatient Center	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
11		13		2018

Transaction ID : 9945564

Amount of Each Receipt this Period
250.00

Memo Item

B. Hussain, Suleman, M, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2300 53rd Street Suite #100

City Bettendorf	State IA	Zip Code 52804
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ORA	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		16		2018

Transaction ID : 9945696

Amount of Each Receipt this Period
84.00

Memo Item

C. Pinto, Mark, C, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1382 Waterways Dr

City Ann Arbor	State MI	Zip Code 48108
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	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
11		16		2018

Transaction ID : 9945697

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
TOTAL This Period (last page this line number only).....	

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 73 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Snyder, Matthew, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14912 Chopine Pass
 City Roanoke State IN Zip Code 46783-9308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 9945698
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Grimm, Matthew, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Avenue B
 City Marrero State LA Zip Code 70072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 9945699
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Forman, Scott, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 San Miguel Dr Ste 701
 City Newport Beach State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 9945700
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	419.00
TOTAL This Period (last page this line number only).....	

**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 74 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Rungee, James, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2802 Pavilion PI
 City Murfreesboro State TN Zip Code 37129
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Tennessee Orthopedic Alliance Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 9945701
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Kingsberg, Jessica, Gordon, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 Rock Springs Dr Apt 2137
 City Las Vegas State NV Zip Code 89128-3138
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Silver State Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2018
Transaction ID : 9945702
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Carlson, William, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 SE Tuscan Lane
 City Stuart State FL Zip Code 34996
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) South Florida Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 17 / 2018
Transaction ID : 9947413
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

**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 75 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Gay, David, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 433 Ocean Grove Circle

City Saint Augustine	State FL	Zip Code 32080
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	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 Y
11 / 17 / 2018

Transaction ID : 9947415

Amount of Each Receipt this Period

1000.00

 Memo Item

B. Young, Jeffrey, Lee, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 619 Alameda De Las Pulgas

City San Mateo	State CA	Zip Code 94402-3366
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanford University	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 Y
11 / 18 / 2018

Transaction ID : 9947592

Amount of Each Receipt this Period

250.00

 Memo Item

C. Shah, Roshan, P, , MD, JD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 West 110th Street
Apt 3E

City New York	State NY	Zip Code 10025
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Columbia University Medical Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
924.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 19 / 2018

Transaction ID : 9947593

Amount of Each Receipt this Period

84.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1334.00
TOTAL This Period (last page this line number only).....	

**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 76 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Wint, Jeffrey, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Hand Center of Western Mass
 3550 Main St Ste 204
 City Springfield State MA Zip Code 01107-1708
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 19 / 2018
Transaction ID : 9947594
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Brown, Barrett, Shytles, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Fondren Orthopedic Group
 7401 S Main St
 City Houston State TX Zip Code 77030-4509
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 924.00

Date of Receipt 11 / 20 / 2018
Transaction ID : 9948945
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Olson, Craig, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Eagle Ridge Court
 City Manitowoc State WI Zip Code 54220-8625
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 504.00

Date of Receipt 11 / 20 / 2018
Transaction ID : 9948946
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	418.00
TOTAL This Period (last page this line number only).....	

**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 77 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Sherbondy, Paul, Strawn, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 Beaumont Drive

City State College	State PA	Zip Code 16801
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1008.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2018
Transaction ID : 9949267

Amount of Each Receipt this Period
 84.00

Memo Item

B. Chapman, Cary, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Flagg Court

City Staten Island	State NY	Zip Code 10304
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 924.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2018
Transaction ID : 9949268

Amount of Each Receipt this Period
 84.00

Memo Item

C. Chandler, David, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Middle Plantation Ln

City Gulf Breeze	State FL	Zip Code 32561
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 924.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2018
Transaction ID : 9949269

Amount of Each Receipt this Period
 84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	252.00
TOTAL This Period (last page this line number only).....▶	

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 78 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Stoeckl, Andrew, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Fairlawn Dr

City Amherst	State NY	Zip Code 14226
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Excelsior Orthopedics	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
581.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2018

Transaction ID : 9949270

Amount of Each Receipt this Period
83.00

Memo Item

B. Ross, Thomas, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 Gentry Gate

City Alpharetta	State GA	Zip Code 30022
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Resurgens Orthopaedics	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
11		21		2018

Transaction ID : 9949272

Amount of Each Receipt this Period
250.00

Memo Item

C. Beaty, James, H, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 464 Goodwyn St

City Memphis	State TN	Zip Code 38111-2309
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
458.37

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2018

Transaction ID : 9950466

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	374.67
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 OF 119 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Bettin, Clayton, Charles, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5047 Shady Hall Ct
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2018
Transaction ID : 9950467
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Calandrucchio, James, H, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic
 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2018
Transaction ID : 9950468
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Cannon, David, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2639 Fox Hill Circle East
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1174.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2018
Transaction ID : 9950469
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	167.34
TOTAL This Period (last page this line number only).....▶	

**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 80 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Crockarell, John, R, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave Ste 100
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 11 / 20 / 2018
Transaction ID : 9950470
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Ford, Marcus, Christopher, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Isle Creek Dr
 City Memphis State TN Zip Code 38103-8999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt
 11 / 20 / 2018
Transaction ID : 9950471
 Amount of Each Receipt this Period
 20.84
 Memo Item

C. Gear, Benjamin, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 LaGrange Creek Dr
 City Eads State TN Zip Code 38028-8015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 11 / 20 / 2018
Transaction ID : 9950472
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.18
TOTAL This Period (last page this line number only).....	

**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 81 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Guyton, James, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6422 Massey Estates Cove
 City Memphis State TN Zip Code 38120
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 11 / 20 / 2018
Transaction ID : 9950473
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Harkess, James, W, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar #100
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 11 / 20 / 2018
Transaction ID : 9950474
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Heck, Robert, Kurt, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic
 1211 Union Ave Ste 500
 City Memphis State TN Zip Code 38104-6656
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 11 / 20 / 2018
Transaction ID : 9950475
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

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 82 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Ishikawa, Susan, N, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 488 Wolf View Cove

City Cordova	State TN	Zip Code 38018-7629
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.37

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2018

Transaction ID : 9950476

Amount of Each Receipt this Period
41.67

Memo Item

B. Kelly, Derek, Michael, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 256 Brenrich Cove

City Memphis	State TN	Zip Code 38117
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.37

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2018

Transaction ID : 9950477

Amount of Each Receipt this Period
41.67

Memo Item

c. LaVelle, David, Glen, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2957 Mallard Lane

City Germantown	State TN	Zip Code 38138
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
458.37

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2018

Transaction ID : 9950478

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

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 83 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Mascioli, Anthony, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 226 W Goodwyn

City Memphis	State TN	Zip Code 38111
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.13

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2018

Transaction ID : 9950479

Amount of Each Receipt this Period
20.83

Memo Item

B. Mauck, Benjamin, Matthew, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2742 Central Ave

City Memphis	State TN	Zip Code 38111
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.13

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2018

Transaction ID : 9950480

Amount of Each Receipt this Period
20.83

Memo Item

C. Mihalko, Marc, J, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8974 Bridge Forest Drive

City Germantown	State TN	Zip Code 38138
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
458.37

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2018

Transaction ID : 9950481

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	83.33
TOTAL This Period (last page this line number only).....▶	

**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 84 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Miller, Robert, H, , III, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 St Albans Fairway
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2018
Transaction ID : 9950482
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Murphy, Garnett, Andrew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic
 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 20 / 2018
Transaction ID : 9950483
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Perez, Edward, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 Saint Nick Dr
 City Memphis State TN Zip Code 38117-4118
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 20 / 2018
Transaction ID : 9950484
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	133.34
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 OF 119 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Phillips, Barry, B, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8681 Windrush

City Memphis	State TN	Zip Code 38125
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.13

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2018

Transaction ID : 9950485

Amount of Each Receipt this Period
20.83

Memo Item

B. Richardson, David, R, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 636 Center Dr

City Memphis	State TN	Zip Code 38112
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.37

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2018

Transaction ID : 9950486

Amount of Each Receipt this Period
41.67

Memo Item

C. Rudloff, Matthew, Ian, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10211 Ramblewood Dr

City Arlington	State TN	Zip Code 38002
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
458.37

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2018

Transaction ID : 9950487

Amount of Each Receipt this Period
41.67

Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.17
TOTAL This Period (last page this line number only).....	

**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 86 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Sawyer, Jeffrey, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4450 Chickasaw Road
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2018
Transaction ID : 9950488
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Sheffer, Benjamin, West, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 281 Ben Avon Way
 City Memphis State TN Zip Code 38111-7702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2018
Transaction ID : 9950489
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Thompson, Norfleet, Buckner, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3784 Highland Park Place
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2018
Transaction ID : 9950490
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

**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 87 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Throckmorton, Thomas, Ward, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4901 Fairfield Circle
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 20 / 2018
Transaction ID : 9950491
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Warner, William, C, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 East Cherry Circle
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 20 / 2018
Transaction ID : 9950492
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Weinlein, John, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 Greenbriar Dr
 City Memphis State TN Zip Code 38117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 20 / 2018
Transaction ID : 9950493
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.01
TOTAL This Period (last page this line number only).....	

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 88 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Whittle, A, Paige, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 836 Harbor Isle Circle East
 City Memphis State TN Zip Code 38103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2018
Transaction ID : 9950494
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Williams, Keith, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2336 Pinnacle Creek Dr
 City Germantown State TN Zip Code 38138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2018
Transaction ID : 9950495
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Greisman, Richard, Alan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 626 Stanley
 City Ardmore State OK Zip Code 73401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2018
Transaction ID : 9950527
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.34
TOTAL This Period (last page this line number only).....	

**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 89 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Klepps, Steve, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2006 Eastridge Dr
 City Billings State MT Zip Code 59102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 20 / 2018
Transaction ID : 9950528
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Russell, George, V, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Hawthorne Vale
 City Ridgeland State MS Zip Code 39157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Mississippi Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 765.00

Date of Receipt 11 / 20 / 2018
Transaction ID : 9950529
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Kamps, Bryan, Scott, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3741 Monarch Dr NE
 City Grand Rapids State MI Zip Code 49525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Health Medical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1100.00

Date of Receipt 11 / 20 / 2018
Transaction ID : 9950530
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1185.00
TOTAL This Period (last page this line number only).....	

**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 90 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Schuck, Michael, R, , MD			Date of Receipt		
Mailing Address 4105 Briargate Pkwy Suite 300			M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2018		
City Colorado Springs	State CO	Zip Code 80920	Transaction ID : 9950531		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00		
Name of Employer (for Individual) Premier Orthopedics		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Koss, Stephen, Dennis, , MD			Date of Receipt		
Mailing Address 6 Stacey Court			M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2018		
City Sparta	State NJ	Zip Code 07871	Transaction ID : 9950532		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00		
Name of Employer (for Individual) The Orthopedic Institute		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Banks, Willie, J, , Jr, MD			Date of Receipt		
Mailing Address 2705 South 19th Street			M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2018		
City Arlington	State VA	Zip Code 22204	Transaction ID : 9950533		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 125.00		
Name of Employer (for Individual) Dept of Veterans Affairs		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional).....	1625.00
TOTAL This Period (last page this line number only).....	

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 91 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Verhoog, Norman, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3389 Harlan Dr

City Redding	State CA	Zip Code 96003-3318
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2018

Transaction ID : 9950534

Amount of Each Receipt this Period
250.00

Memo Item

B. Lane, Joseph, M, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535 E 86th St Apt 14F

City New York City	State NY	Zip Code 10028
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hosp for Special Surgery	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2018

Transaction ID : 9950535

Amount of Each Receipt this Period
500.00

Memo Item

c. Portland, Gregory, H, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 666 Garland Ave

City Winnetka	State IL	Zip Code 60093
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) IBJI	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2018

Transaction ID : 9950536

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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 92 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Galuk, Douglas, Peter, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1740 Riverwood Ln
 City Wisconsin Rapids State WI Zip Code 54494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wisconsin River Orthopaedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2018
Transaction ID : 9950537
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Duellman, Todd, Joseph, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2210 Bridle Path
 City Wisconsin Rapids State WI Zip Code 54494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wisconsin River Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2018
Transaction ID : 9950538
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Russell, Jeremy, , , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8000 Woodbine Ln
 City Wausau State WI Zip Code 54401-8459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Associates of Wausau Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 11 / 20 / 2018
Transaction ID : 9950539
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**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 93 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Sienkiewicz, Paul, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7119 N Barnett Ln
 City Fox Point State WI Zip Code 53217-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2018
Transaction ID : 9950540
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Edelson, Richard, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11532 SW Military Rd
 City Portland State OR Zip Code 97219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sports Medicine Oregon Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2018
Transaction ID : 9950561
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Strauss, Michael, B, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16811 Coral Cay Lane
 City Huntington Beach State CA Zip Code 92649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2018
Transaction ID : 9950567
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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 94 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Schniegenberg, Gary, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4641 Stoneworth Dr
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Institute for Orthopaedic Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 11 / 21 / 2018
Transaction ID : 9950569
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Galvin, Eugene, Gerard, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 27th Ave
 City San Francisco State CA Zip Code 94121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2018
Transaction ID : 9950570
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mansfield, David, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 773 Azalea Pl
 City El Paso State TX Zip Code 79922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1124.00

Date of Receipt 11 / 22 / 2018
Transaction ID : 9950580
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	484.00
TOTAL This Period (last page this line number only).....	

**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 95 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Hayter, Ronald, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2146 Camden Way
 City Clearwater State FL Zip Code 33759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed 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 Y
 11 / 22 / 2018
Transaction ID : 9950582
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Szczech, Bartlomiej, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Intervale Way
 City Lake Placid State NY Zip Code 12946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Joseph's Hospital Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2018
Transaction ID : 9950583
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Veitch, Andrew, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13416 Desert Zinnia Ct NE
 City Albuquerque State NM Zip Code 87111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 924.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2018
Transaction ID : 9950584
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

**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 96 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Paynter, Thomas, B, , MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2018 Transaction ID : 9950585		
Mailing Address 4900 Deer View Rd NE			Amount of Each Receipt this Period 250.00		
City Cedar Rapids	State IA	Zip Code 52411	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00		
Name of Employer (for Individual) Elmendorf Medical Center		Occupation (for Individual) Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hebert-Davies, Jonah, , , MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2018 Transaction ID : 9950586		
Mailing Address 325 9th Ave Mailstop 359798			Amount of Each Receipt this Period 250.00		
City Seattle	State WA	Zip Code 98104	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00		
Name of Employer (for Individual) Harborview Medical Center		Occupation (for Individual) Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Navarro, Ronald, Anthony, , MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2018 Transaction ID : 9950587		
Mailing Address 18 Wide Loop Rd			Amount of Each Receipt this Period 84.00		
City Rolling Hills	State CA	Zip Code 90274	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 924.00		
Name of Employer (for Individual) Kaiser Permanente South Bay		Occupation (for Individual) Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	584.00
TOTAL This Period (last page this line number only).....	

**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 97 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. More, Robert, Cameron, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8100 Wescott Drive
 Suite 101
 City Flemington State NJ Zip Code 08822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hunterdon Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 23 / 2018
Transaction ID : 9950588
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Scales, Darrell, Kevin, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Tee Dr
 City Braselton State GA Zip Code 30517-4078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 23 / 2018
Transaction ID : 9950589
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hartsock, Langdon, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 Tradd Street
 City Charleston State SC Zip Code 29401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Med Univ of SC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 24 / 2018
Transaction ID : 9950616
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
TOTAL This Period (last page this line number only).....	

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 98 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Malone, Stephen, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 Westover Rd
 City Wilmington State DE Zip Code 19807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopaedic Spine Ctr PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 24 / 2018
Transaction ID : 9950617
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Frisch, Nicholas, Blair, , MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 977 Bloomfield Woods
 City Bloomfield Hills State MI Zip Code 48304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 11 / 24 / 2018
Transaction ID : 9950619
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Monson, David, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1491 LaChona Court NE
 City Atlanta State GA Zip Code 30329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 11 / 24 / 2018
Transaction ID : 9950620
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	268.00
TOTAL This Period (last page this line number only).....	

**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 99 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Duquin, Thomas, Richard, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 Reist St
 City Williamsville State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2018
Transaction ID : 9950625
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Gerlinger, COL. (ret) Tad, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 596 Provident Ave
 City Winnetka State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2018
Transaction ID : 9950628
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. McCulloch, Patrick, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 Buckingham Drive
 City Venetia State PA Zip Code 15367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Ortho & Rehab Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2018
Transaction ID : 9950629
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	584.00
TOTAL This Period (last page this line number only).....	

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 100 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Van Thiel, Geoffrey, , , MD, MBA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 324 Roxbury Road

City Rockford	State IL	Zip Code 61107
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	25	/	2018

Transaction ID : 9950630

Amount of Each Receipt this Period
500.00

Memo Item

B. Hire, Justin, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Newton Court

City Fort Leonard Wood	State MO	Zip Code 65473
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	25	/	2018

Transaction ID : 9950631

Amount of Each Receipt this Period
42.00

Memo Item

C. Ellis, Thomas, J, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5190 Harlem Road

City New Albany	State OH	Zip Code 43054
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	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
11	/	25	/	2018

Transaction ID : 9950633

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	792.00
TOTAL This Period (last page this line number only).....	

**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 101 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. David, Tal, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5165 Rancho Quinta Bend
 City San Diego State CA Zip Code 92130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Synergy Specialists Medical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 25 / 2018
Transaction ID : 9950637
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Cunningham, Torin, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 Sea Terrace
 City Newport Coast State CA Zip Code 92657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 25 / 2018
Transaction ID : 9950639
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kennedy, E, Jeff, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 Johnstone Dr
 City Madison State MS Zip Code 39110-7686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 26 / 2018
Transaction ID : 9950640
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**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 102 OF 119
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Sexton, Alonzo, T, , II, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Westminster Terr
 City State Zip Code
 Watkinsville GA 30677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Athens Orthopedic Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2018
Transaction ID : 9958146
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Jiraneck, William, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4066 Old River Trail
 City State Zip Code
 Powhatan VA 23139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Duke University Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2018
Transaction ID : 9958147
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Glusenkamp, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City State Zip Code
 Rosemont IL 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AAOS Director, Orthopaedic Registries
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2018
Transaction ID : 9958148
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1134.00
TOTAL This Period (last page this line number only).....	

**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 103 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Besh, Basil, R, , MD

Mailing Address 6135 Clubhouse Dr

City Pleasanton	State CA	Zip Code 94566
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1124.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		23		2018

Transaction ID : 9958149

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	76125.41

**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 104 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. American Association of Orthopaedic Surgeons

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9400 W. Higgins

City Rosemont	State IL	Zip Code 60018
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
23159.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2018

Transaction ID : 9907267

Amount of Each Receipt this Period
1441.54

Memo Item

Refund of bank fees from affiliated organization

B. American Association of Orthopaedic Surgeons

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9400 W. Higgins

City Rosemont	State IL	Zip Code 60018
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25214.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2018

Transaction ID : 9956012

Amount of Each Receipt this Period
2054.93

Memo Item

Refund of bank fees from affiliated organization

C.

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

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3496.47
TOTAL This Period (last page this line number only).....	3496.47

**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 105 OF 119
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 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. Northern Trust Company

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

Mailing Address 50 S La Salle St

City Chicago	State IL	Zip Code 60603
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5321.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2018

Transaction ID : 9909817

Amount of Each Receipt this Period
0.09

Memo Item

Interest earned on bank account

B. Northern Trust Company

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

Mailing Address 50 S La Salle St

City Chicago	State IL	Zip Code 60603
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5698.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2018

Transaction ID : 9909818

Amount of Each Receipt this Period
377.32

Memo Item

Interest earned on bank account

C. Northern Trust Company

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

Mailing Address 50 S La Salle St

City Chicago	State IL	Zip Code 60603
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
6058.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2018

Transaction ID : 9959159

Amount of Each Receipt this Period
359.59

Memo Item

Interest earned on bank account

SUBTOTAL of Receipts This Page (optional).....	737.00
TOTAL This Period (last page this line number only).....	737.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : 9899688

Amount of Each Disbursement this Period

[REDACTED] 301.20

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : 9905888

Amount of Each Disbursement this Period

[REDACTED] 255.51

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : 9905889

Amount of Each Disbursement this Period

[REDACTED] 46.75

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 603.46

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company			Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 29 / 2018	
Mailing Address 50 S La Salle St				
City Chicago		State IL	Zip Code 60603	
Purpose of Disbursement Bank fees deducted from account			Category/Type 001	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Amount of Each Disbursement this Period 60.29 <input type="checkbox"/> Bank fees deducted from account <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Northern Trust Company			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 05 / 2018	
Mailing Address 50 S La Salle St				
City Chicago		State IL	Zip Code 60603	
Purpose of Disbursement Bank fees deducted from account			Category/Type 001	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Amount of Each Disbursement this Period 390.01 <input type="checkbox"/> Bank fees deducted from account <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Northern Trust Company			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 05 / 2018	
Mailing Address 50 S La Salle St				
City Chicago		State IL	Zip Code 60603	
Purpose of Disbursement Bank fees deducted from account			Category/Type 001	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Amount of Each Disbursement this Period 232.27 <input type="checkbox"/> Bank fees deducted from account <input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional)..... ▶	682.57
TOTAL This Period (last page this line number only)..... ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : 9911475

Amount of Each Disbursement this Period

[REDACTED] 494.32

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : 9911476

Amount of Each Disbursement this Period

[REDACTED] 55.00

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : 9911477

Amount of Each Disbursement this Period

[REDACTED] 27.50

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 576.82

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 05 / 2018	
Mailing Address 50 S La Salle St				
City Chicago	State IL	Zip Code 60603	FEC Identification Number C	
Purpose of Disbursement Bank fees deducted from account		Category/ Type 001	Transaction ID : 9911478 Amount of Each Disbursement this Period 129.37	
Candidate Name		Bank fees deducted from account <input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Northern Trust Company			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 13 / 2018	
Mailing Address 50 S La Salle St				
City Chicago	State IL	Zip Code 60603	FEC Identification Number C	
Purpose of Disbursement Bank fees deducted from account		Category/ Type 001	Transaction ID : 9942972 Amount of Each Disbursement this Period 174.00	
Candidate Name		Bank fees deducted from account <input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Northern Trust Company			Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 19 / 2018	
Mailing Address 50 S La Salle St				
City Chicago	State IL	Zip Code 60603	FEC Identification Number C	
Purpose of Disbursement Bank fees deducted from account		Category/ Type 001	Transaction ID : 9948923 Amount of Each Disbursement this Period 189.91	
Candidate Name		Bank fees deducted from account <input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional)..... ▶	493.28
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S La Salle St

City
Chicago

State
IL

Zip Code
60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			26			2018					

FEC Identification Number

C []

Transaction ID : 9959161

Amount of Each Disbursement this Period

[] 185.60

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[] 185.60

[] 2541.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Dr John Joyce For Congress

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement

Category/
Type

Candidate Name

Joyce, John, , ,

Office Sought: House Senate President
State: PA District: 13

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9899559

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Thom Tillis Committee

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Void - Thom Tillis Committee

Category/
Type

Candidate Name

Tillis, Thom, , ,

Office Sought: House Senate President
State: NC District:

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9901516

Amount of Each Disbursement this Period

Void - Thom Tillis Committee

Memo Item

Full Name (Last, First, Middle Initial)

C. Mark Harris For Congress

Mailing Address PO Box 77451

City Charlotte State NC Zip Code 28271

Purpose of Disbursement
Void - Mark Harris For Congress

Category/
Type

Candidate Name

Harris, Mark, , ,

Office Sought: House Senate President
State: NC District: 09

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9901517

Amount of Each Disbursement this Period

Void - Mark Harris For Congress

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Rob Wittman For Congress

Mailing Address PO Box 3770

City
Oakton

State
VA

Zip Code
22124

Purpose of Disbursement
Void - Rob Wittman For Congress

011

Category/
Type

Candidate Name

Wittman, Robert, J., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2018			

FEC Identification Number

C C00441014

Transaction ID : 9901518

Amount of Each Disbursement this Period

- 1500.00

Void - Rob Wittman For Congress

Memo Item

Full Name (Last, First, Middle Initial)

B. Emmer For Congress

Mailing Address PO Box 998

City
Anoka

State
MN

Zip Code
55303

Purpose of Disbursement
Void - Emmer For Congress

011

Category/
Type

Candidate Name

Emmer, Tom, Earl, Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2018			

FEC Identification Number

C C00545749

Transaction ID : 9901519

Amount of Each Disbursement this Period

- 1500.00

Void - Emmer For Congress

Memo Item

Full Name (Last, First, Middle Initial)

C. Emmer For Congress

Mailing Address PO Box 998

City
Anoka

State
MN

Zip Code
55303

Purpose of Disbursement

011

Category/
Type

Candidate Name

Emmer, Tom, Earl, Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2018			

FEC Identification Number

C C00545749

Transaction ID : 9901589

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

- 1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Rob Wittman For Congress

Mailing Address PO Box 3770

City Oakton State VA Zip Code 22124

Purpose of Disbursement

Category/
Type

Candidate Name

Wittman, Robert, J., Rep.,

Office Sought: House
 Senate
 President
State: VA District: 01

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9901590

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Harris For Congress

Mailing Address PO Box 77451

City Charlotte State NC Zip Code 28271

Purpose of Disbursement

Category/
Type

Candidate Name

Harris, Mark, , ,

Office Sought: House
 Senate
 President
State: NC District: 09

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9901591

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Rodney For Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568

Purpose of Disbursement

Category/
Type

Candidate Name

Davis, Rodney, L., Rep.,

Office Sought: House
 Senate
 President
State: IL District: 13

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9901592

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Womack For Congress Committee

Mailing Address PO Box 508

City
Rogers

State
AR

Zip Code
72757

Purpose of Disbursement

011

Category/
Type

Candidate Name

Womack, Stephen, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	25	/	2018

FEC Identification Number

C C00477745

Transaction ID : 9901598

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Thom Tillis Committee

Mailing Address PO Box 97396

City
Raleigh

State
NC

Zip Code
27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tillis, Thom, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	25	/	2018

FEC Identification Number

C C00545772

Transaction ID : 9901610

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Anthony Brown For Congress

Mailing Address 12138 Central Ave #671

City
Bowie

State
MD

Zip Code
20721

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brown, Anthony, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	25	/	2018

FEC Identification Number

C C00574640

Transaction ID : 9901611

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Tom Rice For Congress

Mailing Address PO Box 70098

City
Myrtle Beach

State
SC

Zip Code
29572

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rice, Tom, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2018

FEC Identification Number

C C00506048

Transaction ID : 9901612

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Fund for America's Future

Mailing Address PO Box 1373

City
Columbia

State
SC

Zip Code
29202

Purpose of Disbursement
Graham LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2018

FEC Identification Number

C C00388934

Transaction ID : 9901614

Amount of Each Disbursement this Period

1000.00

Graham LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. SAC PAC

Mailing Address PO Box 83142

City
Gaithersburg

State
MD

Zip Code
20883

Purpose of Disbursement
Matsui LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2018

FEC Identification Number

C C00165548

Transaction ID : 9901731

Amount of Each Disbursement this Period

2500.00

Matsui LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Dutch Ruppensberger For Congress Committee

Mailing Address PO Box 231

City Lutherville State MD Zip Code 21094

Purpose of Disbursement

Category/
Type

Candidate Name

Ruppensberger, C.A., , C.A.

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: MD District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9906747
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Virginia Foxx For Congress

Mailing Address PO Box 2676

City Boone State NC Zip Code 28607

Purpose of Disbursement

Category/
Type

Candidate Name

Foxx, Virginia, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: NC District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9906748
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Delbene For Congress

Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement

Category/
Type

Candidate Name

DelBene, Suzan, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: WA District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 9906749
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Pete Aguilar For Congress

Mailing Address PO Box 10954

City
San Bernardino

State
CA

Zip Code
92423

Purpose of Disbursement

011

Category/
Type

Candidate Name

Aguilar, Pete, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2018

FEC Identification Number

C00510461

Transaction ID : 9906750

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Who Dat PAC

Mailing Address 499 S. Capitol St. SW
Suite 422

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Richmond's LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2018

FEC Identification Number

C00500256

Transaction ID : 9906751

Amount of Each Disbursement this Period

1000.00

Richmond's LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Lori Trahan For Congress Committee

Mailing Address PO Box 1161

City
Lowell

State
MA

Zip Code
01853

Purpose of Disbursement

011

Category/
Type

Candidate Name

Trahan, Lori, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MA District: 03

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2018

FEC Identification Number

C00655647

Transaction ID : 9906752

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Sherman For Congress

Mailing Address 777 S. Figueroa Street
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

011

Category/Type

Candidate Name

Sherman, Brad, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2018

FEC Identification Number

C C00308742

Transaction ID : 9906753

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Harris For Congress

Mailing Address PO Box 77451

City Charlotte State NC Zip Code 28271

Purpose of Disbursement

011

Category/Type

Candidate Name

Harris, Mark, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NC District: 09

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2018

FEC Identification Number

C C00649236

Transaction ID : 9906754

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Raja For Congress

Mailing Address PO Box 681202

City Schaumburg State IL Zip Code 60168

Purpose of Disbursement

011

Category/Type

Candidate Name

Krishnamoorthi, Raja, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2018

FEC Identification Number

C C00575092

Transaction ID : 9906755

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Justin Fared For Congress

Mailing Address PO Box 5068

City Santa Barbara State CA Zip Code 93105

Purpose of Disbursement

011

Category/Type

Candidate Name

Fared, Justin, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2018

FEC Identification Number

C C00572560

Transaction ID : 9906756

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. THE FUND FOR AMERICAN EXCEPTIONALISM

Mailing Address 499 South Capitol Street SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement Void - THE FUND FOR AMERICAN EXCEPTIONALISM

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2018

FEC Identification Number

C C00512855

Transaction ID : 9907300

Amount of Each Disbursement this Period

- 2500.00

Void - THE FUND FOR AMERICAN EXCEPTIONALISM

Memo Item

Full Name (Last, First, Middle Initial)

C. Jim Banks For Congress, Inc.

Mailing Address PO Box 11431

City Fort Wayne State IN Zip Code 46858

Purpose of Disbursement

011

Category/Type

Candidate Name

Banks, James, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IN District: 03

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2018

FEC Identification Number

C C00577999

Transaction ID : 9909834

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

0.00

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

21500.00