10/24/2014 08 : 32

Image# 14952545047 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

	chedule E)	XPENDI	IURES				PAGE 1 FOR SE OF	OF 1 FORM 24/48	
Political Action Committee of the American Association of Orthopaedic							C00343137		
Ch	neck if X 24-hour report 48-hour report	Kew repo	ort 🗌 A	mends repo	ort filed on	M = M /		Y Y Y Y Y Y	
	Full Name of Payee Mammen Group, Inc				Da	te of Public	c Distribution	Dissemination	
	Mailing Address 1901 L Street, N.W.				Am	nount	23	2014	
	City Sta Washington D	ate IC	Zip Code 20036		-		ID : 6460317	23133.60	
	Purpose of Expenditure		Category Type		Da		ursement or C		
	Name of Federal Candidate Lois Capps			Support Oppose	Office Sou	ught:	K House Senate	District: <u>22</u> State: <u>CA</u>	
	Calendar Year-To-Date Per Election for Office Sought		0.00		Disbursen 2014	nent For: Other (sp	Primary	General	
	Full Name of Payee				Da	te of Publi	c Distribution	/Dissemination	
	Mailing Address				An	nount			
	City Sta	ate	Zip Code			Date of Disbursement or Obligation			
	Purpose of Expenditure		Category Type						
	Name of Federal Candidate		Support Office Sought: Oppose President			House Senate	District: State:		
	Calendar Year-To-Date Per Election for Office Sought				Disbursen	nent For:] Other (sp	Primary	General	
	(a) SUBTOTAL of Itemized Independent Expenditures							23133.60	
	(b) SUBTOTAL of Unitemized Independent Expenditures				•••				
	(c) TOTAL Independent Expenditures						1 1 1	23133.60	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.									
	William J. Robb III, MD	[Electron	ically Filed]	Date	e 10	/ D D D 24	/ ¥ ¥ 201	4 4	
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