

**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="2021"/>	<input type="text" value="475730.72"/>	<input type="text" value="475730.72"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="475730.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="547737.21"/>	<input type="text" value="547737.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1023467.93"/>	<input type="text" value="1023467.93"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="555760.94"/>	<input type="text" value="555760.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="467706.99"/>	<input type="text" value="467706.99"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	483826.28	483826.28
(ii) Unitemized	58910.93	58910.93
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	542737.21	542737.21
(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)	542737.21	542737.21
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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)).....▶	547737.21	547737.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	547737.21	547737.21

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	14760.94	14760.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14760.94	14760.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	365000.00	365000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	1000.00	1000.00
(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)).....	1000.00	1000.00
29. Other Disbursements (Including Non-Federal Donations).....	175000.00	175000.00
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)) ..	555760.94	555760.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	555760.94	555760.94

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)	542737.21	542737.21
34. Total Contribution Refunds (from Line 28(d))	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	541737.21	541737.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	14760.94	14760.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14760.94	14760.94

**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 425
	<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
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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. Cantrell, Michael, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2303 Annandale Road SE
 City Huntsville State AL Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crestwood Medical Center 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
 01 / 01 / 2021
Transaction ID : 10834022
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Casey, Brett, Edward, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6064 Louis XIV St
 City New Orleans State LA Zip Code 70124-2919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gulf Coast Orthopedics 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
 01 / 02 / 2021
Transaction ID : 10834027
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Anderson, Robert, O, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9800 55th St N
 City Lake Elmo State MN Zip Code 55042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Summit Orthopedics 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
 01 / 03 / 2021
Transaction ID : 10834136
 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 7 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Davidson, Marc, Romayne, , MD, FAAOS

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

Mailing Address 2088 Alpine Dr

City West Linn	State OR	Zip Code 97068
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Advantage Orthopedic & Sports Medicine	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
01		03		2021

Transaction ID : 10834365

Amount of Each Receipt this Period
1000.00

Memo Item

B. Noyes, Frank, R, , MD,FAAOS

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

M M	/	D D	/	Y Y Y Y
01		04		2021

Transaction ID : 10835451

Amount of Each Receipt this Period
500.00

Memo Item

C. Keller, Julie, M, , MD, FAAOS

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

Mailing Address 113 W Essex Street
Suite 201

City Maywood	State NJ	Zip Code 07607-1023
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Restoration 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
01		06		2021

Transaction ID : 10837442

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 8 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Maender, Christopher, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4509 Turtle Bay
 City Springfield State IL Zip Code 62711-7891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Center of Illinois Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 07 / 2021
Transaction ID : 10837821
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Nelson, Thomas, E, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6213 N Placita Pajaro
 City Tucson State AZ Zip Code 85718-3472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic and Fracture Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 07 / 2021
Transaction ID : 10837825
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hullinger, Heidi, Martin, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 454 W 54th St, Apt 1E
 City New York State NY Zip Code 10019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Jersey Spine Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 09 / 2021
Transaction ID : 10840284
 Amount of Each Receipt this Period 500.00
 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 9 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Ternes, John, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3707 Mooreland Farms Rd
 City Charlotte State NC Zip Code 28226-5404
 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 01 / 10 / 2021
Transaction ID : 10840293
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Kelly, James, D, , II, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3838 California Street Suite 715
 City San Francisco State CA Zip Code 94118-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Pacific Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 11 / 2021
Transaction ID : 10840294
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Martin, Christopher, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3191 Shorewood Dr
 City Arden Hills State MN Zip Code 55112-7948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Minnesota Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 11 / 2021
Transaction ID : 10840295
 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 10 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bruch, Richard, Franklin, , MD,FAAOS
 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 01 / 11 / 2021
Transaction ID : 10840316
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. Bieber, Edward, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7407 Beverly Road
 City Bethesda State MD Zip Code 20814
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) BCC Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 08 / 2021
Transaction ID : 10840476
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Brand, Matthew, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Finger Lakes Ortho Surgery 300 Hoffman St
 City Elmira State NY Zip Code 14905
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Arnot Ogden Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 08 / 2021
Transaction ID : 10840489
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Griffin, Letha, Y, , MD,FAAOS
 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
 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 ▼ 250.00

Date of Receipt 01 / 08 / 2021
Transaction ID : 10840490
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Whitehurst, Jon, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36W439 Hunters Gate Rd
 City St Charles State IL Zip Code 60175-5132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthollinois Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2021
Transaction ID : 10840492
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Roberts, Karl, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1118 Pinecrest SE
 City Grand Rapids State MI Zip Code 49506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Michigan Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 12 / 2021
Transaction ID : 10842854
 Amount of Each Receipt this Period 500.00
 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 12 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Gentile, Joseph, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17324 Wavecrest Ct
 City Cornelius State NC Zip Code 28031
 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 Y Y
 01 / 12 / 2021
Transaction ID : 10842857
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Rodgers, Jeffrey, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3750 Plumwood Drive
 City West Des Moines State IA Zip Code 50265-5300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Des Moines Orthopaedic Surgeons 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 Y Y
 01 / 12 / 2021
Transaction ID : 10842863
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Abdel, Matthew, Philip, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1133 Hamlet Road Southwest
 City Rochester State MN Zip Code 55902-2660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic 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
 01 / 13 / 2021
Transaction ID : 10846992
 Amount of Each Receipt this Period
 1000.00
 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 13 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Aronow, Michael, S, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Braintree Dr

City West Hartford	State CT	Zip Code 06117
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopedic Association of Hartford	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
01	/	13	/	2021

Transaction ID : 10846993

Amount of Each Receipt this Period
1000.00

Memo Item

B. Mehrle, Robert, Kersey, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2668 Lake Circle

City Jackson	State MS	Zip Code 39211
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Mississippi Sports Medicine & Orthopae	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
01	/	14	/	2021

Transaction ID : 10847200

Amount of Each Receipt this Period
500.00

Memo Item

C. Mollano, Anthony, V, , MD,FAOS
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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2021

Transaction ID : 10847202

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 14 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Jamison, James, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7092 Killdeer Drive
 City Canfield State OH Zip Code 44406-9181
 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 M / D D D / Y Y Y Y Y Y
 01 / 16 / 2021
Transaction ID : 10848051
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Smith, Jeffrey, Mark, , MD,CPC,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 San Elijo Street Suite 201
 City San Diego State CA Zip Code 92106-3414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITE Orthopaedics Foundation 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
 01 / 16 / 2021
Transaction ID : 10848052
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Battaglia, Michael, Jacob, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1641 Windermere Dr E
 City Seattle State WA Zip Code 98112-3737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bellevue Bone & Joint Physicians 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
 01 / 16 / 2021
Transaction ID : 10848054
 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 15 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Goldberg, Steven, Scott, , MD,FAAOS

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

Mailing Address 5867 Whisperwood Ct

City Naples	State FL	Zip Code 34110-2301
----------------	-------------	------------------------

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

Name of Employer (for Individual) Physicians Regional Medical Center - P	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
01	/	17	/	2021

Transaction ID : 10848057

Amount of Each Receipt this Period
250.00

Memo Item

B. Kwok, Moody, , , MD,FAAOS

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

Mailing Address 708 Presidential Dr

City Horsham	State PA	Zip Code 19044-1110
-----------------	-------------	------------------------

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 ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	17	/	2021

Transaction ID : 10848058

Amount of Each Receipt this Period
250.00

Memo Item

C. Coates, Kevin, E, , MD, MBA, F

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

Mailing Address 5651 Goldenberry Ct

City Winston Salem	State NC	Zip Code 27106-9840
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Wake Forest Baptist Medical Center	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
01	/	17	/	2021

Transaction ID : 10848060

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 16 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Paterson, William, Hunt, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 E Carver Rd
 City Tempe State AZ Zip Code 85284-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arizona Spine & Joint Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 18 / 2021**
Transaction ID : 10848064
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ellis, Thomas, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5190 Harlem Road
 City New Albany State OH Zip Code 43054-9771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic ONE Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 19 / 2021**
Transaction ID : 10849310
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Savoie, Felix, H, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 Audubon Blvd
 City New Orleans State LA Zip Code 70118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tulane University School of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **01 / 19 / 2021**
Transaction ID : 10849315
 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 17 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Igram, Cassim, M, , MD,FAOS
 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 ▼ 1000.00

Date of Receipt 01 / 20 / 2021
Transaction ID : 10850500
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Larson, Amanda, Celest Roof, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7617 58th Avenue NW
 City Gig Harbor State WA Zip Code 98335
 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 01 / 22 / 2021
Transaction ID : 10860283
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Carlson, Gregory, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10031 Deerhaven Dr
 City Santa Ana State CA Zip Code 92705-1530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Restore Orthopedics & Spine Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 15 / 2021
Transaction ID : 10860602
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Delanois, Ronald, Emilio, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Brookfield Garth
 City Lutherville 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 ▼ 250.00

Date of Receipt **01 / 04 / 2021**
Transaction ID : 10860651
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Starr, Brittany, , ,
 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) Senior Manager of Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **01 / 05 / 2021**
Transaction ID : 10860654
 Amount of Each Receipt this Period 700.00
 Memo Item

C. Snow, Stephen, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Bayside Place NE
 City Olympia State WA Zip Code 98506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 08 / 2021**
Transaction ID : 10860660
 Amount of Each Receipt this Period 250.00
 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 19 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. DiCaprio, Matthew, R, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2028 Dobie Lane

City Schenectady	State NY	Zip Code 12303-6013
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Albany Medical College	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
01	/	14	/	2021

Transaction ID : 10860665

Amount of Each Receipt this Period
250.00

Memo Item

B. Lowry, Jason, Kirk, , MD, FAAOS
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
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2021

Transaction ID : 10861068

Amount of Each Receipt this Period
1000.00

Memo Item

C. Barber, Thomas, C, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1275 York Avenue

City New York	State NY	Zip Code 10065-6007
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kaiser Permanente Medical Center	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
01	/	23	/	2021

Transaction ID : 10861070

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 20 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Rajani, Rajiv, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Ogden Ln
 City San Antonio State TX Zip Code 78209-4414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of TX Health Sciences Ctr SA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2021
Transaction ID : 10861071
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ede, David, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 Morris St Ste 104
 City Charleston State WV Zip Code 25301-1840
 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 01 / 23 / 2021
Transaction ID : 10861072
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mejia, Hector, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1281 Myrtle View Dr
 City Tallahassee State FL Zip Code 32312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tallahassee Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 24 / 2021
Transaction ID : 10861126
 Amount of Each Receipt this Period 500.00
 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 21 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Vazquez, Oscar, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 Monroe St Apt 4
 City Hoboken State NJ Zip Code 07030
 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 **01 / 24 / 2021**
Transaction ID : 10861127
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Marshall, Silas, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14524 SE 93rd St
 City Newcastle State WA Zip Code 98059-3482
 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 **01 / 26 / 2021**
Transaction ID : 10861355
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Schnaser, Erik, Allen, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75538 Desierto Dr
 City Indian Wells State CA Zip Code 92210-8444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eisenhower Desert Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **01 / 26 / 2021**
Transaction ID : 10861358
 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 22 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Meisterling, Michael, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12550 N 72nd St
 City Stillwater State MN Zip Code 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Twin Cities Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2021
Transaction ID : 10878486
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Schuck, Michael, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10061 Oak Springs Trail
 City Franktown State CO Zip Code 80116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 27 / 2021
Transaction ID : 10878487
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. McClintock, Kyle, Ross, , DO, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2011 Fairway Oaks Dr
 City Ripon State CA Zip Code 95366-9360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The CORE Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2021
Transaction ID : 10879409
 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 23 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Della Rocca, Gregory, John, , MD, PhD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 Stonehaven Rd
 City Columbia State MO Zip Code 65203-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Missouri Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2021
Transaction ID : 10879410
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jafarnia, Kouros, Korsh, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 617 Little John
 City Houston State TX Zip Code 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Physicians Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 28 / 2021
Transaction ID : 10879442
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Locker, Joseph, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1822 SE 12th st
 City Ocala State FL Zip Code 34471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2021
Transaction ID : 10880236
 Amount of Each Receipt this Period 1000.00
 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 24 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Blessinger, Brian, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 St Charles St
 City Jasper State IN Zip Code 47546-9145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norris and Love Ortho & Sports 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
 02 / 01 / 2021
Transaction ID : 10880239
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Wright, Craig, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Briar Hill Rd
 City Montclair State NJ Zip Code 07042
 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 M / D D D / Y Y Y Y Y Y
 01 / 19 / 2021
Transaction ID : 10881584
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Hummer, Charles, D, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1157 Avonlea Circle
 City Glen Mills State PA Zip Code 19342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopaedics & Sports Medicine 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
 01 / 19 / 2021
Transaction ID : 10881585
 Amount of Each Receipt this Period
 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Adamson, Kent, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Via Rancho
 City San Clemente State CA Zip Code 92672-4540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COMG 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
 01 / 25 / 2021
Transaction ID : 10881591
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Gottschalk, Michael, Brandon, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4799 Olde Village Cv
 City Atlanta State GA Zip Code 30338-5055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory University 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
 02 / 02 / 2021
Transaction ID : 10881920
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Knight, Bradford, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11701 Pine Tree Dr
 City Fairfax State VA Zip Code 22033-2712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prince William 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
 02 / 02 / 2021
Transaction ID : 10881922
 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 26 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Dowd, Thomas, Charles, , MD, FAAOS

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

Mailing Address 407 Country Ln

City San Antonio	State TX	Zip Code 78209-2320
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Department of Orthopaedics and Rehabil	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
02		02		2021

Transaction ID : 10881925

Amount of Each Receipt this Period
250.00

Memo Item

B. Watson, Troy, S, , MD,FAAOS

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

Mailing Address 75 Kittansett Loop

City Henderson	State NV	Zip Code 89052-6694
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Desert Orthopaedic Center	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
02		02		2021

Transaction ID : 10881926

Amount of Each Receipt this Period
250.00

Memo Item

C. Tocchi, Lee, P, , MD, FAAOS

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

Mailing Address PO Box 445

City Browns Valley	State CA	Zip Code 95918
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) American Specialty 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
02		02		2021

Transaction ID : 10881927

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 27 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Lyons, Thomas, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1429 Seventh St
 City New Orleans State LA Zip Code 70115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Center For Sports Medicine 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
 02 / 03 / 2021
Transaction ID : 10883280
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Everman, David, Glenn, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 Bayberry Ln
 City Myrtle Beach State SC Zip Code 29572
 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 M / D D D / Y Y Y Y Y Y
 02 / 03 / 2021
Transaction ID : 10883281
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Wolf, Brian, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4346 Maier Ave SW
 City Iowa City State IA Zip Code 52240-8410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Hospitals 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
 02 / 04 / 2021
Transaction ID : 10886984
 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 28 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Newson, Graham, , , MA

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

Mailing Address 317 Massachusetts Ave NE
Ste 100

City Washington State DC Zip Code 20002-5769

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

Name of Employer (for Individual) AAOS Occupation (for Individual) Director, Office of Government Relatio

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 02 / 02 / 2021

Transaction ID : 10887049

Amount of Each Receipt this Period 1100.00

Memo Item

B. Reid, Jonas, , , MD

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

Mailing Address 3419 Boulder Ridge Dr

City Champaign State IL Zip Code 61822-2061

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

Name of Employer (for Individual) Carle Foundation Hospital Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 02 / 2021

Transaction ID : 10887050

Amount of Each Receipt this Period 250.00

Memo Item

C. Lintecum, Neal, D, , MD, FAAOS

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 ▼ 400.00

Date of Receipt 02 / 05 / 2021

Transaction ID : 10887194

Amount of Each Receipt this Period 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Brolin, Tyler, James, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1316 Bray Park Drive East
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2021
Transaction ID : 10887197
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Albert, Todd, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 541 E 71st Street
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Hospital for Special Surgery 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
 02 / 05 / 2021
Transaction ID : 10887198
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Nanson, Christopher, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19150 SW 51st Ave
 City Tualatin State OR Zip Code 97062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Orthopedics Northwest 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
 02 / 05 / 2021
Transaction ID : 10887199
 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 30 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. McPherson, Scott, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2908 E 26th St
 City Sioux Falls State SD Zip Code 57103-4089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CORE Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 05 / 2021**
Transaction ID : 10887201
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Sherman, Raymond, M P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 865 East Sawgrass Trail
 City Dakota Dunes State SD Zip Code 57049
 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 ▼ 3000.00

Date of Receipt **02 / 05 / 2021**
Transaction ID : 10888108
 Amount of Each Receipt this Period 3000.00
 Memo Item

c. Hasan, Syed, Ashfaq, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7730 Elmwood Road
 City Fulton State MD Zip Code 20759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland School of Medic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 06 / 2021**
Transaction ID : 10888648
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4250.00
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 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Archdeacon, Michael, T, , MD,FAAOS
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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2021

Transaction ID : 10888650

Amount of Each Receipt this Period
250.00

Memo Item

B. Green, Daniel, William, , MD,FAAOS
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 10021-4823
------------------	-------------	------------------------

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2021

Transaction ID : 10888654

Amount of Each Receipt this Period
175.00

Memo Item

C. Sirounian, Gregory, H, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Merillon Ave

City Garden City	State NY	Zip Code 11530
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Winthrop Orthopedic Associates	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
02	/	08	/	2021

Transaction ID : 10888677

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	925.00
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 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Leddy, Michael, J, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3444 Masonic Dr
 City Alexandria State LA Zip Code 71301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Louisiana Surgical Hospital 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
 02 / 08 / 2021
Transaction ID : 10888678
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mejia, Alfonso, , , MD,MPH,FAA
 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2021
Transaction ID : 10888680
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Drinkwater, Christopher, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Barrington St
 City Rochester State NY Zip Code 14607-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Rochester 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
 02 / 08 / 2021
Transaction ID : 10888681
 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 33 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Knavel, James, Lee, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 352 Peller Rd
 City Lake Geneva State WI Zip Code 53147-4543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Mercy Health Systems, Janesville WI 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
 02 / 05 / 2021
Transaction ID : 10888696
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Silverman, Lance, M, , MD,FAAOS
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Silverman Orthopaedics 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
 02 / 09 / 2021
Transaction ID : 10888728
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Rosenzweig, Seth, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 N Lewis Ste 280
 City New Iberia State LA Zip Code 70563
 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
 02 / 10 / 2021
Transaction ID : 10888908
 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 34 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kassman, Steven, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20325 N 51st Ave
 Building 4, Suite 124
 City Glendale State AZ Zip Code 85308
 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 M / D D D / Y Y Y Y Y Y
 02 / 10 / 2021
Transaction ID : 10888910
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Bruse, Laura, Marie, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 944 Everest Peak Avenue
 City Henderson State NV Zip Code 89012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beautiful Bones Ortho 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
 02 / 11 / 2021
Transaction ID : 10889109
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. McClelland, Walter, B, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3531 Nancy Creek Road
 City Atlanta State GA Zip Code 30327
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2021
Transaction ID : 10889446
 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 35 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Guy, Daniel, K., , MD, FAAOS
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 ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2021

Transaction ID : 10889510

Amount of Each Receipt this Period
5000.00

Memo Item

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

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2021

Transaction ID : 10889514

Amount of Each Receipt this Period
250.00

Memo Item

c. Schneider, Scott, B, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1180 Mary Hill Circle

City Hartland	State WI	Zip Code 53029
------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopaedic Associates of Wisconsin	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
02	/	12	/	2021

Transaction ID : 10889517

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5500.00
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 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

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

Mailing Address 65 Starboard Reach

City Yarmouth	State ME	Zip Code 04096
------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2021

Transaction ID : 10889519

Amount of Each Receipt this Period
250.00

Memo Item

B. Carter, Ralph, E, , III, MD, F
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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2021

Transaction ID : 10889573

Amount of Each Receipt this Period
250.00

Memo Item

C. Guevara, Benjamin, G, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 280 Remington Dr

City Mandeville	State LA	Zip Code 70448
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Ochsner Health Center	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
02	/	15	/	2021

Transaction ID : 10889575

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 37 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Diekmann, Glenn, R, , MD, FAAOS

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

Mailing Address 2453 Del Prado

City La Verne	State CA	Zip Code 91750-1124
------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2021

Transaction ID : 10890719

Amount of Each Receipt this Period
500.00

Memo Item

B. Forman, Scott, K, , MD, FAAOS

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

Mailing Address 25 High Water

City Newport Coast	State CA	Zip Code 92657-2149
-----------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
02		16		2021

Transaction ID : 10890721

Amount of Each Receipt this Period
250.00

Memo Item

C. Yelton, J, Criss, , MD, FAAOS

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

Mailing Address 502 Chestnut Street

City Henderson	State KY	Zip Code 42420-4030
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Methodist 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
02		17		2021

Transaction ID : 10893793

Amount of Each Receipt this Period
1000.00

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 38 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. MacDougall, James, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38608 128th St
 City Aberdeen State SD Zip Code 57401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Avera Heart Hospital of South Dakota 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
 02 / 08 / 2021
Transaction ID : 10893811
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Stronach, Benjamin, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Piedmont Ln
 City Little Rock State AR Zip Code 72223-2232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Univ of Arkansas 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
 02 / 21 / 2021
Transaction ID : 10894005
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Mack, Philip, William, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Ericka Circle
 City East Longmeadow State MA Zip Code 01028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Connecticut Childrens Medical Center 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
 02 / 21 / 2021
Transaction ID : 10894007
 Amount of Each Receipt this Period
 350.00
 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 39 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Younger, Terry, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 Otis Rd
 City Barrington State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Swedish Covenant Medical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 22 / 2021
Transaction ID : 10894013
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Williams, Gerald, R, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 859 Lesley Rd
 City Villanova State PA Zip Code 19085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Orthopaedic Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 23 / 2021
Transaction ID : 10894228
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hunt, Stephen, Austin, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Pheasant Run Dr
 City Basking Ridge State NJ Zip Code 07920
 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 02 / 23 / 2021
Transaction ID : 10894229
 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 40 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. McNeil, Stephen, C, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Hunter Ln

City Canton	State MA	Zip Code 02021
----------------	-------------	-------------------

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

Name of Employer (for Individual) McNeil Orthopedics, Inc	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
02		23		2021

Transaction ID : 10894230

Amount of Each Receipt this Period
1000.00

Memo Item

B. Stanwood, Walter, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 95 Tremont St
Ste 1

City Duxbury	State MA	Zip Code 02332
-----------------	-------------	-------------------

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
02		24		2021

Transaction ID : 10894535

Amount of Each Receipt this Period
500.00

Memo Item

c. Gerlinger, COL. (ret) Tad, L, , MD, FAAOS
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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2021

Transaction ID : 10894536

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 41 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Baker, Donald, Earl, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 Little Creek Road
 City Flowood State MS Zip Code 39232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Merit Health Orthopedics 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
 02 / 27 / 2021
Transaction ID : 10898594
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Huddleston, Paul, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31219 Lakeview Ave
 City Red Wing State MN Zip Code 55066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic 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
 02 / 28 / 2021
Transaction ID : 10898611
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Tracey, Robert, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Walker Road
 City Great Falls State VA Zip Code 22066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Walter Reed National Military Medical 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
 02 / 28 / 2021
Transaction ID : 10898612
 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 42 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Connair, Michael, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Old Hartford Turnpike
 City Hamden State CT Zip Code 06517
 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 **02 / 28 / 2021**
Transaction ID : 10898613
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cassidy, Carter, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4890 Faulkirk Lane
 City Lexington State KY Zip Code 40515
 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 255.00

Date of Receipt **03 / 01 / 2021**
Transaction ID : 10898618
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Kwong, Louis, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Box 422
 1000 W Carson St
 City Torrance State CA Zip Code 90508-0422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harbor-UCLA Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **03 / 02 / 2021**
Transaction ID : 10900041
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.00
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 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Brophy, Robert, H, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Maryhill Dr

City St Louis	State MO	Zip Code 63124
------------------	-------------	-------------------

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

Name of Employer (for Individual) Washington University Orthopedics	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
03		02		2021

Transaction ID : 10900042

Amount of Each Receipt this Period
250.00

Memo Item

B. Higgins, Michael, E, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5236 Rockport Landing

City Suffolk	State VA	Zip Code 23435
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Tidewater Orthopaedic Assoc	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
03		02		2021

Transaction ID : 10900043

Amount of Each Receipt this Period
84.00

Memo Item

C. Rana, Adam, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Landing Woods Ln

City Falmouth	State ME	Zip Code 04105-1948
------------------	-------------	------------------------

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

Name of Employer (for Individual) Maine Medical Center	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
03		02		2021

Transaction ID : 10900044

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 44 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Smith, Eric, Louis, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1573 Beacon Street

City Waban	State MA	Zip Code 02468
---------------	-------------	-------------------

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 ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2021

Transaction ID : 10900045

Amount of Each Receipt this Period
84.00

Memo Item

B. Smith, Scott, A, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Clovis Dr

City Georgetown	State TX	Zip Code 78628-7167
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Texas Orthopedics Round Rock	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
02		19		2021

Transaction ID : 10900068

Amount of Each Receipt this Period
250.00

Memo Item

C. Mejia, Alfonso, , , MD,MPH,FAA
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 ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2021

Transaction ID : 10900072

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 45 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Halsey, David, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9000 #132
 City Edgartown State MA Zip Code 02539-9000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martha's Vineyard Hospital 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
 03 / 03 / 2021
Transaction ID : 10900930
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. McQuail, Thomas, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4125 Oberon Dr
 City Smyrna State GA Zip Code 30080
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2021
Transaction ID : 10903644
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Ayers, Michael, E, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Prospect Ave
 City Scituate State MA Zip Code 02066-4321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Orthopedics 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
 03 / 04 / 2021
Transaction ID : 10903648
 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 46 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Stokesbary, Steven, J, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 627 Arrowhead Ct

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

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 ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2021

Transaction ID : 10903649

Amount of Each Receipt this Period
84.00

Memo Item

B. Black, David, Albritton, , MD,PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12112 Fairway Drive

City Little Rock	State AR	Zip Code 72212-3429
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Univ of Arkansas	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
03		04		2021

Transaction ID : 10903650

Amount of Each Receipt this Period
84.00

Memo Item

C. Schmidt, Todd, A, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2865 Lake Park Drive

City Jonesboro	State GA	Zip Code 30236
-------------------	-------------	-------------------

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

Name of Employer (for Individual) OrthoAtlanta	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
03		05		2021

Transaction ID : 10903934

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 47 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Lintecum, Neal, D, , MD, FAAOS
 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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2021
Transaction ID : 10903935

Amount of Each Receipt this Period
200.00

Memo Item

B. Ellis, Henry, Bone, , Jr, MD,FAA
 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 ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2021
Transaction ID : 10903936

Amount of Each Receipt this Period
84.00

Memo Item

C. Farber, Daniel, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Fairhill Rd

City Wynnewood	State PA	Zip Code 19096-1804
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Penn Medicine 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
 03 / 06 / 2021
Transaction ID : 10905425

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	534.00
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 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Dietz, James, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1156 Yorkshire
 City Grosse Pointe Park State MI Zip Code 48230-1101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Clair Ortho and Sports Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2021
Transaction ID : 10905428
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Early, John, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8210 Walnut Hill Ln Ste 130
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2021
Transaction ID : 10905429
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bear, Brian, Jeffrey, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1621 National Avenue
 City Rockford State IL Zip Code 61103-6349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthollinois Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2021
Transaction ID : 10905430
 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 49 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Pierce, Troy, D, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4012 Edgewater PI SE
 City Mandan State ND Zip Code 58554
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) The Bone & Joint Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 06 / 2021
Transaction ID : 10905431
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Schmale, Gregory, A, , MD, FAOS
 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) Seattle Children's Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 252.00

Date of Receipt 03 / 06 / 2021
Transaction ID : 10905432
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Burke, Charles, J, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Delafield Rd Ste 4010
 City Pittsburgh State PA Zip Code 15215-3235
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) UPMC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 252.00

Date of Receipt 03 / 06 / 2021
Transaction ID : 10905433
 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 50 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Green, Daniel, William, , MD,FAAOS
 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 10021-4823
 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 ▼ 525.00

Date of Receipt **03 / 07 / 2021**
Transaction ID : 10905435
 Amount of Each Receipt this Period 175.00
 Memo Item

B. Mosley, Emmett, Wayne, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Thompson Pl
 City Roswell State GA Zip Code 30075-3522
 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 **03 / 07 / 2021**
Transaction ID : 10905436
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Kiner, Dirk, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 449 Canyon Springs Dr
 City Hixson State TN Zip Code 37343-2387
 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 ▼ 252.00

Date of Receipt **03 / 07 / 2021**
Transaction ID : 10905437
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	343.00
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 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Law, Brian, C, , MD,FAOS

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

Mailing Address 541 E Erie Street
Unit 314

City Milwaukee	State WI	Zip Code 53202
-------------------	-------------	-------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2021

Transaction ID : 10905438

Amount of Each Receipt this Period
250.00

Memo Item

B. Hsu, Joseph, R, , MD,FAOS

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

Mailing Address 2816 Hedgewyk PI

City Charlotte	State NC	Zip Code 28211
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Carolinas Medical Center	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
03	/	07	/	2021

Transaction ID : 10905439

Amount of Each Receipt this Period
250.00

Memo Item

C. Szczech, Bartlomiej, , , MD, FAOS

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

Mailing Address 89 Intervale Way

City Lake Placid	State NY	Zip Code 12946-3240
---------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2021

Transaction ID : 10905442

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 52 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mejia, Alfonso, , , MD, MPH, FAA
 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 ▼ 420.00

Date of Receipt 03 / 08 / 2021
Transaction ID : 10905443
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Clain, Michael, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Indian Head Rd
 City Riverside State CT Zip Code 06878-2403
 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 03 / 09 / 2021
Transaction ID : 10905671
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Woodruff, Robert, James, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6828 Prestwick Rd
 City Rapid City State SD Zip Code 57702-9562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black Hills Orthopaedics and Spine Cen Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 10 / 2021
Transaction ID : 10905947
 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 53 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Edwards, Bryan, T, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18717 Square Sail Road

City Cornelius	State NC	Zip Code 28031
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Novant Health	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
03		09		2021

Transaction ID : 10906099

Amount of Each Receipt this Period
500.00

Memo Item

B. Denton, John, R, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1333A North Ave
PMB 434

City New Rochelle	State NY	Zip Code 10804-2149
----------------------	-------------	------------------------

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

Name of Employer (for Individual) NY Presbyterian Lower Manhattan Hospit	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
03		09		2021

Transaction ID : 10906100

Amount of Each Receipt this Period
1000.00

Memo Item

C. Bries, Andrew, David, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3126 Westminster Rd

City Bettendorf	State IA	Zip Code 52722
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ORA Orthopedics	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
03		11		2021

Transaction ID : 10906126

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 54 OF 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Nahigian, Kevin, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Red Bay Rd
 City Elgin State SC Zip Code 29045-8684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Shoulder & Knee Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 11 / 2021
Transaction ID : 10906127
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Bernard, Johnathan, , , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21549 Glebe View Dr
 City Broadlands State VA Zip Code 20148-3625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Sports Medicine Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 12 / 2021
Transaction ID : 10906260
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Marinello, Patrick, Gaetano, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 Bradhaven Rd
 City Slingerlands State NY Zip Code 12159-9369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Bone and Joint Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 12 / 2021
Transaction ID : 10906261
 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 55 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Dodds, Julie, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1575 Ramblewood Dr
 City East Lansing State MI Zip Code 48823-6384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan State University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 12 / 2021
Transaction ID : 10906262
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Braaton, Paul, J, , MD,FAAOS
 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 95355-3192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoMed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 12 / 2021
Transaction ID : 10906263
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Espinoza, Luis, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Savannah Ridge Lane
 City Metairie State LA Zip Code 70001
 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 03 / 12 / 2021
Transaction ID : 10906264
 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 56 OF 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. John, Thomas, K, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 522 Eastbrook Rd
 City Ridgewood State NJ Zip Code 07450-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Active Orthopedics and Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 12 / 2021
Transaction ID : 10906265
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Mansfield, David, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5019 Montoya Rd
 City El Paso State TX Zip Code 79922-2031
 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 ▼ 252.00

Date of Receipt 03 / 12 / 2021
Transaction ID : 10906266
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Krueger, Chad, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 Kyle Dr
 City Ambler State PA Zip Code 19002-2531
 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 03 / 13 / 2021
Transaction ID : 10906373
 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 57 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Hogan, MaCalus, Vinson, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Field Brook Lane
 City Gibsonia State PA Zip Code 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh Medical Centre Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2021
Transaction ID : 10906374
 Amount of Each Receipt this Period 250.00
 Memo Item

B. James, Jeremy, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Briar Hollow St
 City Covington State LA Zip Code 70433-4511
 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 ▼ 300.00

Date of Receipt 03 / 13 / 2021
Transaction ID : 10906375
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Courtney, Paul, Maxwell, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 902 S Front St
 City Philadelphia State PA Zip Code 19147-4304
 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 ▼ 252.00

Date of Receipt 03 / 14 / 2021
Transaction ID : 10906376
 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 58 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Allison, Daniel, Christopher, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3041 Laurel Canyon Blvd

City Los Angeles	State CA	Zip Code 91604
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Cedars-Sinai Department of Orthopedic	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
03	/	14	/	2021

Transaction ID : 10906383

Amount of Each Receipt this Period
1000.00

Memo Item

B. Gross, Alan, S, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1828

City Petersburg	State AK	Zip Code 99833
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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
03	/	15	/	2021

Transaction ID : 10907268

Amount of Each Receipt this Period
500.00

Memo Item

C. Grimm, Matthew, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 920 Avenue B

City Marrero	State LA	Zip Code 70072-3112
-----------------	-------------	------------------------

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
03	/	16	/	2021

Transaction ID : 10907275

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1584.00
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 425
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bilbrew, Lattisha, Latoya, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1710 Mountain Shadow
 City Stone Mountain State GA Zip Code 30087
 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 03 / 16 / 2021
Transaction ID : 10907276
 Amount of Each Receipt this Period 84.00
 Memo Item

B. McCulloch, Patrick, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 Buckingham Drive
 City Venetia State PA Zip Code 15367-2383
 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 252.00

Date of Receipt 03 / 17 / 2021
Transaction ID : 10907925
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Greene, Robert, Neil, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 N 16th Ave
 City Yakima State WA Zip Code 98902-1347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedics Northwest PLLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 252.00

Date of Receipt 03 / 17 / 2021
Transaction ID : 10907926
 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 60 OF 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. McDevitt, Edward, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Beards Dock Crossing
 City Annapolis State MD Zip Code 21403-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bay Area Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2021
Transaction ID : 10909288
 Amount of Each Receipt this Period 500.00
 Memo Item

B. McCollam, Stephen, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 Peachtree Rd NE Ste 705
 City Atlanta State GA Zip Code 30309-1476
 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 ▼ 1000.00

Date of Receipt 03 / 17 / 2021
Transaction ID : 10909290
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Rathjen, Karl, E, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Orthopaedics 2222 Welborn St
 City Dallas State TX Zip Code 75219-3993
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Scottish Rite Hosp Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2021
Transaction ID : 10909292
 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 61 OF 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Dick, Jeffrey, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18709 Ridgewood Rd
 City Deephaven State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Twin City Orthopedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 18 / 2021**
Transaction ID : 10909295
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Pula, David, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Evergreen Trail
 City Orchard Park State NY Zip Code 14127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Excelsior Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 18 / 2021**
Transaction ID : 10909296
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Moore, Slade, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 Carriage House Dr
 City Colfax State NC Zip Code 27235-9420
 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 **03 / 18 / 2021**
Transaction ID : 10909297
 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 62 OF 425
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Winston, Jonathan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4534 Shadowbrook Court
 City Bettendorf State IA Zip Code 52722-6585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Orthopaedics 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
 03 / 18 / 2021
Transaction ID : 10909298
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Callaghan, John, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Orthopaedics
 200 Hawkins Dr 01029 JPP
 City Iowa City State IA Zip Code 52242-1088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Iowa Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2021
Transaction ID : 10910021
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. Flint, John, Harris, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 77 West Forest Ave Ste 301
 City Flagstaff State AZ Zip Code 86001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Flagstaff Bone and Joint 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
 03 / 18 / 2021
Transaction ID : 10910023
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5584.00
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 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Epps, Howard, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1936 Wroxtton Road
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2021
Transaction ID : 10911203
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Urband, Lindsey, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15066 Almond Orchard Lane Suite 403
 City San Diego State CA Zip Code 92131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Diego Hand Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 03 / 2021
Transaction ID : 10911206
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Blotter, Robert, H, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1116 Ortman Road Ste 190
 City Marquette State MI Zip Code 49855-9333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Center of Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2021
Transaction ID : 10911207
 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 64 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Engstrom, Stephen, Matthew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9207 Duncaster Ct
 City Brentwood State TN Zip Code 37027-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Univ-Vanderbilt Ortho Inst Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 04 / 2021
Transaction ID : 10911208
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Hettrich, Carolyn, , , MD,MPH,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28A Miller Hill Rd
 City Dover State MA Zip Code 02030-2332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 05 / 2021
Transaction ID : 10911209
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Sheehan, John, P, , MD,FAAOS
 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 ▼ 252.00

Date of Receipt 03 / 08 / 2021
Transaction ID : 10911210
 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 65 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Fragomen, Austin, Thomas, , MD,FAAOS

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

Mailing Address 48-25 64th St

City Woodside	State NY	Zip Code 11377
------------------	-------------	-------------------

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

Name of Employer (for Individual) Hospital for Special Surgery	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2021

Transaction ID : 10911211

Amount of Each Receipt this Period
500.00

Memo Item

B. Keeney, James, A, , MD,FAAOS

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2021

Transaction ID : 10911212

Amount of Each Receipt this Period
250.00

Memo Item

C. Backe, Henry, A, , Jr, MD, FA

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

Mailing Address 305 Blackrock Turnpike

City Fairfield	State CT	Zip Code 06825
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopaedic Specialty Group PC	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
03		08		2021

Transaction ID : 10911213

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 66 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Boothby, Michael, Hayden, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Hidden Lake Ranch Rd

City Aledo	State TX	Zip Code 76008-4526
---------------	-------------	------------------------

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

Name of Employer (for Individual) The Ortho & Sports Med Institute	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
03		08		2021

Transaction ID : 10911214

Amount of Each Receipt this Period
250.00

Memo Item

B. Rodriguez, Ricardo, J, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6666 Pikes Lane

City Baton Rouge	State LA	Zip Code 70808-4272
---------------------	-------------	------------------------

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

Name of Employer (for Individual) BROC	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
03		08		2021

Transaction ID : 10911215

Amount of Each Receipt this Period
1000.00

Memo Item

c. Migliori, Sidney, Premer, , MD,FAAOS
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 ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2021

Transaction ID : 10911216

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: PAGE 67 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Harrison, Alicia, Karin, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1942 Humboldt Ave S
 City Minneapolis State MN Zip Code 55403-2815
 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 ▼ 252.00

Date of Receipt 03 / 08 / 2021
Transaction ID : 10911219
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Chutkan, Norman, Barrington, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3002 N Manor Drive E
 City Phoenix State AZ Zip Code 85014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The CORE Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 08 / 2021
Transaction ID : 10911220
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Shrock, Kevin, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1414 SE 3rd Ave
 City Fort Lauderdale State FL Zip Code 33316-1910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fort Lauderdale Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2021
Transaction ID : 10911222
 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 68 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. More, Robert, Cameron, , MD, FAAOS

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 08822-4671

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 09 / 2021

Transaction ID : 10911223

Amount of Each Receipt this Period 84.00

Memo Item

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

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 26506-1200

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

Name of Employer (for Individual) West Virginia University Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2021

Transaction ID : 10911225

Amount of Each Receipt this Period 1000.00

Memo Item

C. Johnson, Wayne, Anthony, , MD,FAAOS,F

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

Mailing Address 8212 NW Stonebridge Court

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 ▼ 3000.00

Date of Receipt 03 / 11 / 2021

Transaction ID : 10911226

Amount of Each Receipt this Period 3000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4084.00
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 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Davis, Daniel, Edward, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Brookside Rd

City Wallingford	State PA	Zip Code 19086-6208
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Thomas Jefferson Univ Hosp	Occupation (for Individual) Orthopaedic Surgeon
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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
03		11		2021

Transaction ID : 10911227

Amount of Each Receipt this Period
250.00

Memo Item

B. Rubinstein, Michael, P, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27015 Glaramara Lane

City Yorba Linda	State CA	Zip Code 92887
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Specialty Orthopedic Group	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
03		11		2021

Transaction ID : 10911228

Amount of Each Receipt this Period
250.00

Memo Item

C. Cimino, William, Gerard, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52 Beach Road
Suite 207

City Fairfield	State CT	Zip Code 06824-6017
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Beach Road Orthopaedics	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
03		12		2021

Transaction ID : 10911229

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 70 OF 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Parsley, Brian, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 302 Pine Shadows Dr
 Suite 2400
 City Houston State TX Zip Code 77056
 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 ▼ 252.00

Date of Receipt 03 / 15 / 2021
Transaction ID : 10911230
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Damalas, Dino, , , MBA
 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 ▼ 252.00

Date of Receipt 03 / 15 / 2021
Transaction ID : 10911231
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Roberson, Rowland, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 641 N Lamar Blvd
 City Oxford State MS Zip Code 38655-3235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Specialty Orthopedic Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 15 / 2021
Transaction ID : 10911232
 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 71 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Lisella, Jordan, Mills, , MD, FAAOS

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

Mailing Address 14 Turner Lane

City Loudonville	State NY	Zip Code 12211
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Capital Region Orthopaedic Group	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
03		15		2021

Transaction ID : 10911233

Amount of Each Receipt this Period
84.00

Memo Item

B. Zanos, George, , , MD,FAAOS

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

Mailing Address 16 Shaker Bay Rd

City Latham	State NY	Zip Code 12110
----------------	-------------	-------------------

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

Name of Employer (for Individual) Capital Region Orthopaedic Group	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
03		15		2021

Transaction ID : 10911234

Amount of Each Receipt this Period
84.00

Memo Item

C. Bruce, Jeremy, R, , MD,FAAOS

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

Mailing Address 3249 Reflecting Dr

City Chattanooga	State TN	Zip Code 37415-5656
---------------------	-------------	------------------------

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

Name of Employer (for Individual) UTCOM	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
03		18		2021

Transaction ID : 10911236

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 72 OF 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Tyndall, William, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 Brittany Ln
 City Hollidaysburg State PA Zip Code 16648-9269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 19 / 2021
Transaction ID : 10911362
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Woodcock, Jessica, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Stillwood Ct
 City New Bern State NC Zip Code 28560-8040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Orthopedics and Sports Medici Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 19 / 2021
Transaction ID : 10911363
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Cooper, Scott, Snow, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 NW A St
 1101 Horsebarn Road
 City Bentonville State AR Zip Code 72712-5216
 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 ▼ 252.00

Date of Receipt 03 / 19 / 2021
Transaction ID : 10911364
 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 73 OF 425
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	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Link, Matthew, Patrick, , MD, FAAOS

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

Mailing Address 811 13th St
Suite 20

City Augusta State GA Zip Code 30901-2771

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

Name of Employer (for Individual) Orthopaedic Associates of Augusta Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2021

Transaction ID : 10911366

Amount of Each Receipt this Period 500.00

Memo Item

B. Pinto, Mark, C, , MD,FAAOS

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

Mailing Address 7644 Base Lake Drive

City Dexter State MI Zip Code 48130

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 03 / 20 / 2021

Transaction ID : 10911697

Amount of Each Receipt this Period 250.00

Memo Item

C. Gombera, Mufaddal, M, , MD, FAAOS

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

Mailing Address 323 Hunters Trail

City Houston State TX Zip Code 77024

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 ▼ 250.00

Date of Receipt 03 / 20 / 2021

Transaction ID : 10911699

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 74 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Abrutyn, David, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Pitney Court
 City Basking Ridge State NJ Zip Code 07920
 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 03 / 20 / 2021
Transaction ID : 10911700
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Chapman, Cary, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10903 Blue Palm Street
 City Plantation State FL Zip Code 33324-8234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Miami Orthopedics & Sports Medicine In Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 21 / 2021
Transaction ID : 10911716
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Stoeckl, Andrew, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Fairlawn Dr
 City Amherst State NY Zip Code 14226-3422
 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 ▼ 249.00

Date of Receipt 03 / 21 / 2021
Transaction ID : 10911717
 Amount of Each Receipt this Period 83.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	417.00
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 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. DeLuise, Anthony, M, , Jr, MD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 76 Oakwood Drive

City Scituate	State RI	Zip Code 02825
------------------	-------------	-------------------

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

Name of Employer (for Individual) Foundry Orthopedics & Sports Medicine	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
03	/	21	/	2021

Transaction ID : 10911720

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 150 Hillspoint Rd

City Westport	State CT	Zip Code 06880
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopaedic Specialty Group	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
03	/	21	/	2021

Transaction ID : 10911724

Amount of Each Receipt this Period
500.00

Memo Item

c. Dalury, David, F, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8322 Bellona Ave
Ste 200

City Baltimore	State MD	Zip Code 21204-2076
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Towson Orthopaedic Associates	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
03	/	21	/	2021

Transaction ID : 10911726

Amount of Each Receipt this Period
1000.00

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: PAGE 76 OF 425 (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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Sherbondy, Paul, Strawn, , MD, FAAOS

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

Mailing Address 507 Beaumont Dr

City State College	State PA	Zip Code 16801-8311
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Penn State Health	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
 03 / 22 / 2021

Transaction ID : 10911727

Amount of Each Receipt this Period
84.00

Memo Item

B. Kirol, Bernard, G, , MD, FAAOS

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

Mailing Address 338 Turnwall Ln

City Elgin	State SC	Zip Code 29045-9507
---------------	-------------	------------------------

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 ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2021

Transaction ID : 10911729

Amount of Each Receipt this Period
75.00

Memo Item

C. Veitch, Andrew, John, , MD,FAAOS

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 87111-7154
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of New Mexico, Dept of Orth	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
 03 / 22 / 2021

Transaction ID : 10911730

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	243.00
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 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Styron, Joseph, F, , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14244 Calderdale Ln
 City Strongsville State OH Zip Code 44136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Foundation 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
 03 / 22 / 2021
Transaction ID : 10911732
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Rogozinski, Chaim, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3716 University Blvd S Ste 3
 City Jacksonville State FL Zip Code 32216-4318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rogozinski Orthopedic Clinic 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
 03 / 22 / 2021
Transaction ID : 10912146
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Rogozinski, Abraham, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3716 University Blvd S Ste 3
 City Jacksonville State FL Zip Code 32216-4318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rogozinski Orthopedic Clinic 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
 03 / 22 / 2021
Transaction ID : 10912149
 Amount of Each Receipt this Period
 500.00
 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 78 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Brandoff, Jared, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Hemlock Hls
 City Chappaqua State NY Zip Code 10514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) White Plains Hospital Physician Associ 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
 03 / 22 / 2021
Transaction ID : 10912178
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Bartelt, Robert, Boyd, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1718 Rocky Ridge Rd
 City Cedar Falls State IA Zip Code 50613-8338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cedar Valley Medical Specialists, PC 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
 03 / 22 / 2021
Transaction ID : 10912182
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Moore, Don, K, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1910 W Cresskill Dr
 City Columbia State MO Zip Code 65203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Missouri 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
 03 / 22 / 2021
Transaction ID : 10912184
 Amount of Each Receipt this Period
 500.00
 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 79 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Warnick, Drew, Eugene, , MD, FAAOS

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

Mailing Address 2067 Michigan Ave NE

City Saint Petersburg	State FL	Zip Code 33703
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Children's Ortho and Scoliosis Surg As	Occupation (for Individual) Orthopaedic Surgeon
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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
 03 / 22 / 2021

Transaction ID : 10912186

Amount of Each Receipt this Period
500.00

Memo Item

B. Moon, Daniel, K, , MD,MBA,FAA

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

Mailing Address 5997 Beeler St

City Denver	State CO	Zip Code 80238
----------------	-------------	-------------------

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

Name of Employer (for Individual) University of Colorado School of Medic	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
 03 / 23 / 2021

Transaction ID : 10912190

Amount of Each Receipt this Period
250.00

Memo Item

C. Bergmann, Karl, Andrew, , MD, FAAOS

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

Mailing Address CHI Health CUMC Bergan Mercy
7710 Mercy Road, Suite 2000

City Omaha	State NE	Zip Code 68124
---------------	-------------	-------------------

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

Name of Employer (for Individual) CHI Health	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
 03 / 23 / 2021

Transaction ID : 10912191

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 80 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Friedmann, Elizabeth, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4123 TottenHam St
 Apt 210
 City Frederick State MD Zip Code 21704-7302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland 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
 03 / 23 / 2021
Transaction ID : 10912192
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Muschler, George, F, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2270 Chatfield Dr
 City Cleveland Heights State OH Zip Code 44106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic 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
 03 / 23 / 2021
Transaction ID : 10912215
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Palma, Douglas, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 White Horse Rd
 City Cochranville State PA Zip Code 19330-9472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delaware Orthopaedic Specialist 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
 03 / 23 / 2021
Transaction ID : 10912340
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 81 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Schulman, Jeff, Eric, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3229 Highland Lane
 City Fairfax State VA Zip Code 22031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Inova Medical Group Orthopaedics & Spo 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
 03 / 23 / 2021
Transaction ID : 10912343
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Page, Alexandra, Elizabeth, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15937 Hopper Lane
 City San Diego State CA Zip Code 92127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern California Permanente Medical 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
 03 / 23 / 2021
Transaction ID : 10912345
 Amount of Each Receipt this Period
 1000.00
 Memo Item

c. Lang, Gerald, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1309 Redan Drive
 City Verona State WI Zip Code 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Wisconsin 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
 03 / 23 / 2021
Transaction ID : 10912347
 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 82 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Navarro, Ronald, Anthony, , MD,FAAOS
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 ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2021

Transaction ID : 10912352

Amount of Each Receipt this Period
84.00

Memo Item

B. Nam, Denis, , , MD,MSc,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1611 West Harrison Street, Suite 3

City Chicago	State IL	Zip Code 60612-4861
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Rush University Medical Center	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
03	/	24	/	2021

Transaction ID : 10912354

Amount of Each Receipt this Period
500.00

Memo Item

c. Orcutt, Daniel, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2670 Emerald Dr

City Jonesboro	State GA	Zip Code 30236-5232
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OrthoAtlanta LLC	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
03	/	24	/	2021

Transaction ID : 10912360

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	884.00
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 83 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Axe, Jeremie, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 Gloucester Blvd
 City Middletown State DE Zip Code 19709-8327
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2021
Transaction ID : 10912373
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Lutz, R, Bruce, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Lakewood Dr
 City Media State PA Zip Code 19063-1808
 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 M / D D D / Y Y Y Y Y Y
 03 / 24 / 2021
Transaction ID : 10912413
 Amount of Each Receipt this Period
 1000.00
 Memo Item

c. Dhillon, Manjit, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12602 Nightingale Drive
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2021
Transaction ID : 10912438
 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 84 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kang, Steve, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 618 S Lakeshore Dr
 City Anaheim State CA Zip Code 92806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Specialty Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2021
Transaction ID : 10912443
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Swenning, Todd, Allen, , MD, FAAOS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41970 Rancho Manana Lane
 City Rancho Mirage State CA Zip Code 92270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 25 / 2021
Transaction ID : 10912444
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Curtis, Joseph, F, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 454 Taylor Rd
 City Montgomery State AL Zip Code 36117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Orthopaedic Specialist Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2021
Transaction ID : 10912446
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1333.33
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 85 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Horning, Joel, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1888 Windy Hill Rd
 City Lancaster State PA Zip Code 17602-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates of Lancaster 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
 03 / 25 / 2021
Transaction ID : 10912468
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Mardjetko, Steven, M, MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 443 E Illinois Road
 City Lake Forest State IL Zip Code 60045-2354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illinois Bone and Joint Institute 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
 03 / 25 / 2021
Transaction ID : 10912759
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. Pollock, David, Carl, MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8372 Tuscany Dr
 City Lewisville State NC Zip Code 27023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Specialists of the Carolin 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
 03 / 25 / 2021
Transaction ID : 10912765
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 86 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Schaaf, Adam, Carlton, , MD, FAAOS

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

Mailing Address 161 King George Street

City Daniel Island	State SC	Zip Code 29492
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Low Country 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
 03 / 25 / 2021

Transaction ID : 10912772

Amount of Each Receipt this Period
250.00

Memo Item

B. Seipel, Peter, R, , MD, FAAOS

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

Mailing Address 9115 North 101st Way

City Scottsdale	State AZ	Zip Code 85258-5778
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Sierra Orthopedics PC	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
 03 / 25 / 2021

Transaction ID : 10912774

Amount of Each Receipt this Period
250.00

Memo Item

C. Wilk, Richard, M, , MD, FAAOS

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

Mailing Address 69 Dartmouth St

City West Newton	State MA	Zip Code 02465-2801
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Lahey Health Hospital & Medical Center	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
 03 / 25 / 2021

Transaction ID : 10912778

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 87 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Byrne, John, Philip, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8306 Fox Haven Drive
 City McLean State VA Zip Code 22102-2328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medstar Orthopedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2021
Transaction ID : 10912785
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Robinson, Ronald, K, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 E Causeway Blvd
 City Vero Beach State FL Zip Code 32963-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sutter Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2021
Transaction ID : 10912791
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Schmitz, Miguel, Antonio, , MD, FAAOS
 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 ▼ 1000.00

Date of Receipt 03 / 25 / 2021
Transaction ID : 10912803
 Amount of Each Receipt this Period 1000.00
 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 88 OF 425
	<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	

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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. Grady-Benson, John, , MD,FAOS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2021 Transaction ID : 10912807
Mailing Address 33 Charter Oak Place Unit 5		Amount of Each Receipt this Period 500.00
City Hartford	State CT	Zip Code 06106
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Orthopaedic Associates of Hartford, PC	Occupation (for Individual) Orthopaedic Surgeon	
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 B. McInnis, John, J, , MD, FAAOS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2021 Transaction ID : 10912818
Mailing Address 188 Greystone Ln		Amount of Each Receipt this Period 250.00
City Sudbury	State MA	Zip Code 01776
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. McCluskey, Leland, C, , MD,FAOS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2021 Transaction ID : 10912826
Mailing Address 1910 Hilton Ave		Amount of Each Receipt this Period 1000.00
City Columbus	State GA	Zip Code 31906
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) St Francis 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 ▼ 1000.00	

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 89 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Beltran, Michael, John, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address UC Dept of Orthopaedic Surgery
 231 Albert Sabin Way Room 5553

City Cincinnati State OH Zip Code 45267-0212

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

Name of Employer (for Individual) Department of Orthopaedics and Rehabil Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 26 / 2021
Transaction ID : 10912838

Amount of Each Receipt this Period 84.00

Memo Item

B. Sajadi, Kaveh, Robert, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2133 Woodmont Dr

City Lexington State KY Zip Code 40502-3036

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

Name of Employer (for Individual) Kentucky Bone & Joint Surgeons Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2021
Transaction ID : 10912840

Amount of Each Receipt this Period 250.00

Memo Item

C. Russell, George, V, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 244 North Natchez Drive

City Madison State MS Zip Code 39110

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 ▼ 270.00

Date of Receipt 03 / 24 / 2021
Transaction ID : 10912854

Amount of Each Receipt this Period 90.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	424.00
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 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Eckrich, Stephen, G J, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5511 Shooting Star Trail

City Rapid City	State SD	Zip Code 57702
--------------------	-------------	-------------------

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
03	/	27	/	2021

Transaction ID : 10912876

Amount of Each Receipt this Period
84.00

Memo Item

B. Schmitz, Matthew, R, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Ottawa Run

City San Antonio	State TX	Zip Code 78231
---------------------	-------------	-------------------

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

Name of Employer (for Individual) San Antonio Military Medical Center	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
03	/	27	/	2021

Transaction ID : 10912885

Amount of Each Receipt this Period
250.00

Memo Item

C. Morgan, Jeffrey, Scott, , MD,MBA,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address USASOC Surgeon's Office

City Fort Bragg	State NC	Zip Code 28310
--------------------	-------------	-------------------

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

Name of Employer (for Individual) US Army	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
03	/	27	/	2021

Transaction ID : 10912891

Amount of Each Receipt this Period
1000.00

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 91 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Cusmariu, Jeffrey, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 494 Lake Colony Way
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoSports Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2021
Transaction ID : 10912893
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Freedberg, Douglas, Bentley, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5315 E Calle Del Norte
 City Phoenix State AZ Zip Code 85018-4449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arizona Sports Medicine Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2021
Transaction ID : 10912895
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Gary, Joshua, Layne, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 951 Descanso Drive
 City La Canada Flintridge State CA Zip Code 91011-3820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keck School of Medicine of USC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 28 / 2021
Transaction ID : 10912897
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1084.00
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 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Carolan, Gregory, Francis, , MD,FAAOS

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
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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 ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2021

Transaction ID : 10912898

Amount of Each Receipt this Period
84.00

Memo Item

B. Torres, Daniel, , , MD, FAAOS

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

Mailing Address 1488 Shelburne Ct

City Allentown	State PA	Zip Code 18104-1949
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lehigh Valley Practioner Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2021

Transaction ID : 10912899

Amount of Each Receipt this Period
85.00

Memo Item

C. Razi, Afshin, , , MD,FAAOS

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

Mailing Address 2 Dogwood Rd

City Great Neck	State NY	Zip Code 11024-2006
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Maimonides Medical Center	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
03		28		2021

Transaction ID : 10912900

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 93 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Chandler, David, R, , MD,FAOS
 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 32561-4899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Andrews Institute For Orthopaedics & S Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 28 / 2021
Transaction ID : 10912901
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Allard, Mark, Michael, , MD,FAOS
 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 ▼ 252.00

Date of Receipt 03 / 28 / 2021
Transaction ID : 10912902
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Porter, Scott, Edward, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1420 Jonesville Road
 City Simpsonville State SC Zip Code 29681-4411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prisma Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 28 / 2021
Transaction ID : 10912903
 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 94 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Hoedt, Christen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 973 Vinings Blvd
 City Gallatin State TN Zip Code 37066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cooper Orthopaedics Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 28 / 2021
Transaction ID : 10912904
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Reid, J, Spence, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 University Drive Department of Orthopaedics
 City Hershey State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 28 / 2021
Transaction ID : 10912905
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Giuseffi, Steven, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4784 Enchanted Pines Dr
 City Rapid City State SD Zip Code 57701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black Hills Orthopedic and Spine Centre Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 28 / 2021
Transaction ID : 10912906
 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 95 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Miller, Benjamin, James, , MD,MS,FAAO

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

Mailing Address 62 Sumac Ct

City Iowa City	State IA	Zip Code 52246-2792
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Iowa	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
03		28		2021

Transaction ID : 10912910

Amount of Each Receipt this Period
1000.00

Memo Item

B. Pinto, Mark, C, , MD,FAAOS

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

Mailing Address 7644 Base Lake Drive

City Dexter	State MI	Zip Code 48130
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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
03		28		2021

Transaction ID : 10912918

Amount of Each Receipt this Period
250.00

Memo Item

C. Macko, Victor, W, , MD, FAAOS

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

Mailing Address 2545 W Hammer Ln

City Stockton	State CA	Zip Code 95209-2839
------------------	-------------	------------------------

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

Name of Employer (for Individual) Sutter Gould Medical Group	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
03		29		2021

Transaction ID : 10913536

Amount of Each Receipt this Period
500.00

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 96 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Song, Frederick, Suh, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 Pretty Brook Road
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2021
Transaction ID : 10914475
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Rosenberg, Benjamin, N, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 Ridge Rd
 City Cornwall State VT Zip Code 05753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Porter 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
 03 / 29 / 2021
Transaction ID : 10914477
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Welch, Robert, L, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1524 Black Walnut Ct
 City Naperville State IL Zip Code 60565-5203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DuPage Medical Group 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
 03 / 29 / 2021
Transaction ID : 10914479
 Amount of Each Receipt this Period
 500.00
 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 97 OF 425
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	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Geller, Jeffrey, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Apawamis Ave

City Rye	State NY	Zip Code 10580-3528
-------------	-------------	------------------------

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

Name of Employer (for Individual) Columbia University	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
03	/	29	/	2021

Transaction ID : 10914481

Amount of Each Receipt this Period
350.00

Memo Item

B. McHale, Patricia, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15819 Glenmiro Dr

City Huntersville	State NC	Zip Code 28078
----------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2021

Transaction ID : 10915355

Amount of Each Receipt this Period
1000.00

Memo Item

C. Raissi, Abdi, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9808 Winter Palace Drive

City Las Vegas	State NV	Zip Code 89145
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Desert Orthopaedic Center	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
03	/	31	/	2021

Transaction ID : 10917612

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1850.00
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 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bankston, Larry, S., Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2861 E Lakeshore Dr
 City Baton Rouge State LA Zip Code 70808-2180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baton Rouge Orthopedic Center 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
 03 / 23 / 2021
Transaction ID : 10918516
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Stewart, Nathaniel, J., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2480 Fieldstone
 City Eau Claire State WI Zip Code 54701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OakLeaf Surgical 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
 03 / 23 / 2021
Transaction ID : 10918517
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Moore, Slade, C., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 Carriage House Dr
 City Colfax State NC Zip Code 27235-9420
 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
 03 / 23 / 2021
Transaction ID : 10918518
 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 99 OF 425
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	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Grutter, Paul, , MD, FAAOS

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

Mailing Address 1374 Rozella Way

City Gallatin	State TN	Zip Code 37066
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2021

Transaction ID : 10918521

Amount of Each Receipt this Period
1000.00

Memo Item

B. Rowland, Michael, , MD, FAAOS

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

Mailing Address 16 Summer Path Way

City Pembroke	State MA	Zip Code 02359
------------------	-------------	-------------------

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

Name of Employer (for Individual) South Shore Ortho, LLC	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
03		26		2021

Transaction ID : 10918523

Amount of Each Receipt this Period
500.00

Memo Item

C. Deutsch, Allen, A, , MD, FAAOS

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

Mailing Address 4516 Oleander St

City Bellaire	State TX	Zip Code 77401
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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 M	/	D D D	/	Y Y Y Y Y Y
03		27		2021

Transaction ID : 10918526

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 100 OF 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Guanche, Carlos, , , MD,FAAOS
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
----------------------	-------------	-------------------

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

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

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2021

Transaction ID : 10918527

Amount of Each Receipt this Period
1000.00

Memo Item

B. Tejwani, Nirmal, C, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 84 Northwood Ave

City Demarest	State NJ	Zip Code 07627
------------------	-------------	-------------------

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

Name of Employer (for Individual) NYU Hospital for Joint Diseases	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
03	/	31	/	2021

Transaction ID : 10918623

Amount of Each Receipt this Period
250.00

Memo Item

C. Gelb, Howard, J, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6214 NW 120th Dr

City Coral Springs	State FL	Zip Code 33076
-----------------------	-------------	-------------------

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
03	/	31	/	2021

Transaction ID : 10918629

Amount of Each Receipt this Period
500.00

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 101 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Cassidy, Carter, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4890 Faulkirk Lane

City Lexington	State KY	Zip Code 40515
-------------------	-------------	-------------------

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 ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2021

Transaction ID : 10918630

Amount of Each Receipt this Period
85.00

Memo Item

B. Obama, Padraic, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 628 Sunset Circle

City Green Bay	State WI	Zip Code 54301-1346
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Prevea Sports Medicine	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
04		01		2021

Transaction ID : 10918631

Amount of Each Receipt this Period
500.00

Memo Item

C. Bush-Joseph, Charles, A, , MD, FAAOS
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

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2021

Transaction ID : 10918728

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1085.00
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 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Frazier, John, Keith, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3191 Stanwood Lane

City Lafayette	State CA	Zip Code 94549-4121
-------------------	-------------	------------------------

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
03		30		2021

Transaction ID : 10918737

Amount of Each Receipt this Period
300.00

Memo Item

B. Fakharzadeh, Frederick, F, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 829 Ellis Place

City Oradell	State NJ	Zip Code 07649-1917
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Garden State Orthopaedic Associates	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
03		30		2021

Transaction ID : 10918738

Amount of Each Receipt this Period
250.00

Memo Item

C. McGee, Kevin, Michael, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1532 Eagle Ridge Dr NE

City Albuquerque	State NM	Zip Code 87122
---------------------	-------------	-------------------

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

Name of Employer (for Individual) PMG Orthopaedics	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
03		30		2021

Transaction ID : 10918739

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Vittetoe, David, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24761 Timber Hills Ln

City Adel	State IA	Zip Code 50003-8421
--------------	-------------	------------------------

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

Name of Employer (for Individual) Des Moines Orthopaedic Surgeons PC	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
03		30		2021

Transaction ID : 10918740

Amount of Each Receipt this Period
250.00

Memo Item

B. Valadie, Arthur, L, , III, MD, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 526 56th St

City Holmes Beach	State FL	Zip Code 34217
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Coastal 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
03		30		2021

Transaction ID : 10918741

Amount of Each Receipt this Period
750.00

Memo Item

C. Prpa, Branko, , , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7200 Washington Ave Ste 101

City Mount Pleasant	State WI	Zip Code 53406-6516
------------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
03		30		2021

Transaction ID : 10918749

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 104 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Petsche, Timothy, S, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41W207 Lenz Rd

City Campton Hills	State IL	Zip Code 60124-8633
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Fox Valley Orthopaedic Institute	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
03		30		2021

Transaction ID : 10918775

Amount of Each Receipt this Period
500.00

Memo Item

B. Helper, Stephen, D, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6155 Penfield Lane

City Solon	State OH	Zip Code 44139
---------------	-------------	-------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2021

Transaction ID : 10918778

Amount of Each Receipt this Period
400.00

Memo Item

C. Huebner, Melburn, K, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1501 North Dowell Road

City Amarillo	State TX	Zip Code 79124
------------------	-------------	-------------------

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
03		30		2021

Transaction ID : 10918781

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 105 OF 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Tompkins, John, F, , II, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3301 Hickory Stick Rd
 City Oklahoma City State OK Zip Code 73120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VA Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 30 / 2021
Transaction ID : 10918784
 Amount of Each Receipt this Period 450.00
 Memo Item

B. Slaphey, Joseph, E, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 North Rivoli Farms Drive
 City Macon State GA Zip Code 31210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoGeorgia Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2021
Transaction ID : 10918787
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Culp, Brian, Matthew, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 Barclay Blvd
 City Princeton State NJ Zip Code 08540-5891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Princeton Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2021
Transaction ID : 10918868
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 106 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Yakel, Demian, M, , DO, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6199 Garden Creek Rd
 City Casper State WY Zip Code 82601-6631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Summit Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2021
Transaction ID : 10918886
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Choi, Daniel, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 Knolls Dr N
 City New Hyde Park State NY Zip Code 11040-1147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Long Island Spine Specialists, PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2021
Transaction ID : 10918887
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Snyder, Matthew, J, , MD, FAAOS
 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 ▼ 250.00

Date of Receipt 03 / 22 / 2021
Transaction ID : 10918889
 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 107 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Gill, John, T, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8230 Walnut Hill Ln
 Ste 708
 City Dallas State TX Zip Code 75231-4431
 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 M / D D D / Y Y Y Y Y Y
 03 / 22 / 2021
Transaction ID : 10918890
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Jiranek, William, A, , MD,FAAOS,F
 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2021
Transaction ID : 10918894
 Amount of Each Receipt this Period
 84.00
 Memo Item

c. Ma, ChunBong, Benjamin, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 645 Spar Dr
 City Redwood City State CA Zip Code 94065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of California 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
 03 / 23 / 2021
Transaction ID : 10918896
 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 108 OF 425
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	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mollano, Anthony, V, , MD,FAOS
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

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2021

Transaction ID : 10918897

Amount of Each Receipt this Period
1000.00

Memo Item

B. Mejia, Alfonso, , , MD,MPH,FAA
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 ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2021

Transaction ID : 10918904

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 535 Marshall Street

City Duluth	State MN	Zip Code 55803
----------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopaedic Associates of Duluth	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
03	/	24	/	2021

Transaction ID : 10918907

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2084.00
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 109 OF 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Cooper, Daniel, E, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3724 Potomac Ave

City Dallas	State TX	Zip Code 75205
----------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
03		26		2021

Transaction ID : 10918914

Amount of Each Receipt this Period
250.00

Memo Item

B. Prather, John, T, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4425 Paulsen Street

City Savannah	State GA	Zip Code 31405-3662
------------------	-------------	------------------------

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

Name of Employer (for Individual) Chatham Orthopaedic Associates	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
03		29		2021

Transaction ID : 10918918

Amount of Each Receipt this Period
250.00

Memo Item

C. Iorio, Richard, , , MD, FAAOS
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) Brigham and Women's Hospital	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
03		29		2021

Transaction ID : 10918919

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 110 OF 425
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kelly, Edward, W, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2255 Sargent Ave

City Saint Paul	State MN	Zip Code 55105
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Twin Cities Orthopedics	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
03	/	29	/	2021

Transaction ID : 10918920

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 13012 Sunny Dawn Ct

City Saint Louis	State MO	Zip Code 63127
---------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2021

Transaction ID : 10918923

Amount of Each Receipt this Period
1000.00

Memo Item

C. Jevsevar, David, S, , MD,MBA,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2267

City New London	State NH	Zip Code 03257-2267
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Dartmouth-Hitchcock Medical Center	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
03	/	29	/	2021

Transaction ID : 10918925

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 111 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Waddell, Bradford, Sutton, , MD, FAAOS

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

Mailing Address 459 Carolwood Lane

City Sandy Springs	State GA	Zip Code 30342-2713
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) OrthoAtlanta	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
03		30		2021

Transaction ID : 10918927

Amount of Each Receipt this Period
84.00

Memo Item

B. Lopez, David, Vincent, , MD,FAAOS

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 ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2021

Transaction ID : 10918928

Amount of Each Receipt this Period
84.00

Memo Item

c. McCraney, William, Owen, , MD, FAAOS

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

Mailing Address 1619 Poplar Blvd

City Jackson	State MS	Zip Code 39202-2118
-----------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
03		30		2021

Transaction ID : 10918929

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
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 112 OF 425
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	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Blitzer, Charles, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 Canney Rd
 City Durham State NH Zip Code 03824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seacoast Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 01 / 2021
Transaction ID : 10918931
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bohsali, Kamal I, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24636 Deer Trace Drive
 City Ponte Vedra Beach State FL Zip Code 32082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jacksonville Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 01 / 2021
Transaction ID : 10918974
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Casey, Brett, Edward, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6064 Louis XIV St
 City New Orleans State LA Zip Code 70124-2919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gulf Coast Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 02 / 2021
Transaction ID : 10918975
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 113 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Higgins, Michael, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5236 Rockport Landing
 City Suffolk State VA Zip Code 23435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tidewater Orthopaedic Assoc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt **04 / 02 / 2021**
Transaction ID : 10918976
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Rana, Adam, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Landing Woods Ln
 City Falmouth State ME Zip Code 04105-1948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maine Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 02 / 2021**
Transaction ID : 10918977
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Smith, Eric, Louis, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 Beacon Street
 City Waban State MA Zip Code 02468
 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 ▼ 336.00

Date of Receipt **04 / 02 / 2021**
Transaction ID : 10918978
 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 114 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Stuart, Kyle, David, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1810 Tucker St

City Dallas	State TX	Zip Code 75214
----------------	-------------	-------------------

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

Name of Employer (for Individual) Sports Medicine Clinic of North Texas	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
04		02		2021

Transaction ID : 10919136

Amount of Each Receipt this Period
250.00

Memo Item

B. Orvald, Todd, Busse, , MD,FAAOS
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

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2021

Transaction ID : 10919578

Amount of Each Receipt this Period
1000.00

Memo Item

C. Anderson, Robert, O, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9800 55th St N

City Lake Elmo	State MN	Zip Code 55042
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Summit Orthopedics	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
04		03		2021

Transaction ID : 10919579

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 115 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Austin, Matthew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 840 Harriton Rd
 City Bryn Mawr State PA Zip Code 19010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Orthopaedic Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 03 / 2021
Transaction ID : 10919585
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Stokesbary, Steven, J, MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 627 Arrowhead Ct
 City Dakota Dunes State SD Zip Code 57049
 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 ▼ 336.00

Date of Receipt 04 / 04 / 2021
Transaction ID : 10919591
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Black, David, Albritton, , MD,PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12112 Fairway Drive
 City Little Rock State AR Zip Code 72212-3429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Arkansas Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 04 / 2021
Transaction ID : 10919592
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
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 116 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Alexander, A. Herbert, , , MD,FAAOS

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

Mailing Address PO Box 1657

City Sun Valley	State ID	Zip Code 83353-1657
--------------------	----------	------------------------

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

Name of Employer (for Individual) Alexander Orthopaedics PA	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
04	/	04	/	2021

Transaction ID : 10919603

Amount of Each Receipt this Period
1000.00

Memo Item

B. Lintecum, Neal, D, , MD, FAAOS

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
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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
04	/	05	/	2021

Transaction ID : 10919604

Amount of Each Receipt this Period
200.00

Memo Item

C. Ellis, Henry, Bone, , Jr, MD,FAA

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

Mailing Address 2945 Stanford Ave

City Dallas	State TX	Zip Code 75225
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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 ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2021

Transaction ID : 10919605

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1284.00
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 117 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Gallentine, James, W, , MD, FAAOS

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

Mailing Address Nebraska Orthopaedic & Sports Medi
575 South 70th

City Lincoln	State NE	Zip Code 68510
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nebraska Ortho & Sports Med	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
04 / 05 / 2021

Transaction ID : 10922073

Amount of Each Receipt this Period
1000.00

Memo Item

B. Kontogianis, Christopher, , , MD,FAAOS

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

Mailing Address 1603 S Jurupa St

City Kennewick	State WA	Zip Code 99338
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Benton Franklin Orthopedic Associates	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
04 / 05 / 2021

Transaction ID : 10922212

Amount of Each Receipt this Period
1000.00

Memo Item

C. Keller, Julie, M, , MD, FAAOS

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

Mailing Address 113 W Essex Street
Suite 201

City Maywood	State NJ	Zip Code 07607-1023
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Restoration Orthopaedics	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
04 / 06 / 2021

Transaction ID : 10922226

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 118 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Schmale, Gregory, A, , MD, FAAOS
 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) Seattle Children's Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 06 / 2021
Transaction ID : 10922227
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Burke, Charles, J, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Delafield Rd Ste 4010
 City Pittsburgh State PA Zip Code 15215-3235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 06 / 2021
Transaction ID : 10922228
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Gish, Michael, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2630 Old Orchard Rd
 City Lancaster State PA Zip Code 17601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates of Lancaster Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 06 / 2021
Transaction ID : 10922284
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
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 119 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Pushkin, Gary, W, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2506 St Paul Street
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2021
Transaction ID : 10922300
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Battista, Vincent, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 675 Bent Creek Drive
 City Lititz State PA Zip Code 17543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates of Lancaster 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
 04 / 06 / 2021
Transaction ID : 10922386
 Amount of Each Receipt this Period
 1000.00
 Memo Item

c. Duplantier, Neil, Leon, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 965 Germain St
 City New Orleans State LA Zip Code 70124-3839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bone and Joint Clinic 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
 04 / 06 / 2021
Transaction ID : 10922891
 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 120 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Green, Daniel, William, , MD,FAAOS
 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 10021-4823
 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 ▼ 700.00

Date of Receipt **04 / 07 / 2021**
Transaction ID : 10922892
 Amount of Each Receipt this Period 175.00
 Memo Item

B. Maender, Christopher, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4509 Turtle Bay
 City Springfield State IL Zip Code 62711-7891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Center of Illinois Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 07 / 2021**
Transaction ID : 10922893
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Mosley, Emmett, Wayne, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Thompson Pl
 City Roswell State GA Zip Code 30075-3522
 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 ▼ 336.00

Date of Receipt **04 / 07 / 2021**
Transaction ID : 10922894
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	509.00
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 121 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kiner, Dirk, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 449 Canyon Springs Dr
 City Hixson State TN Zip Code 37343-2387
 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 ▼ 336.00

Date of Receipt 04 / 07 / 2021
Transaction ID : 10922895
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Vena, Vincent, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 528 Waterfall Drive
 City Johnstown State PA Zip Code 15906
 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 04 / 06 / 2021
Transaction ID : 10923413
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Agnew, D, Kelly, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 Salem Heights Dr
 City Gibsonia State PA Zip Code 15044-6137
 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 ▼ 1000.00

Date of Receipt 04 / 06 / 2021
Transaction ID : 10923414
 Amount of Each Receipt this Period 1000.00
 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 122 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bargren, John, H, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 W Union #100
 City Tacoma State WA Zip Code 98405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Puget Sound Orthopaedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 06 / 2021
Transaction ID : 10923432
 Amount of Each Receipt this Period 600.00
 Memo Item

B. Sheldon, Daniel, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1549 Victoria Isle Way
 City Weston State FL Zip Code 33327
 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 04 / 06 / 2021
Transaction ID : 10923435
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lazarus, Jeffrey, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 S River Rd
 City Stuart State FL Zip Code 34996-6723
 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 04 / 06 / 2021
Transaction ID : 10923438
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 123 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

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

Mailing Address 5324 Grimes Lane

City Larkspur	State CO	Zip Code 80118
------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Colorado, Childrens Hospi	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
04 / 06 / 2021

Transaction ID : 10923439

Amount of Each Receipt this Period
250.00

Memo Item

B. Terry, Cooper, L, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1106 S Lamar Blvd

City Oxford	State MS	Zip Code 38655-4732
----------------	-------------	------------------------

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

Name of Employer (for Individual) Oxford Orthopaedics	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
04 / 06 / 2021

Transaction ID : 10923440

Amount of Each Receipt this Period
500.00

Memo Item

C. Dickson, Kyle, F, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4925 Pine Street

City Bellaire	State TX	Zip Code 77401-5330
------------------	-------------	------------------------

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

Name of Employer (for Individual) Southwest 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
04 / 01 / 2021

Transaction ID : 10923457

Amount of Each Receipt this Period
1000.00

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 124 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Motamed, Soheil, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 42nd Ave
 City San Mateo State CA Zip Code 94403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mission Peak Orthopaedic 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
 04 / 01 / 2021
Transaction ID : 10923458
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Berkenblit, Scott, , MD,PhD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4313 Roland Springs Dr
 City Baltimore State MD Zip Code 21210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medstar Orthopedics 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
 04 / 01 / 2021
Transaction ID : 10923459
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Kaminski, Ken, J, , MD, FAAOS
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2021
Transaction ID : 10923460
 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 125 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Papierski, Paul, E, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 913 S Dryden Pl
 City Arlington Heights State IL Zip Code 60005-2766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chicago Hand and Orthopedic Surgery Ce 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
 04 / 01 / 2021
Transaction ID : 10923461
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Richards, Paul, Jeffrey, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12610 Panasoffkee Dr
 City North Fort Myers State FL Zip Code 33903-4748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Specialists of SW Florida 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
 04 / 01 / 2021
Transaction ID : 10923462
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Caucci, David, J, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Stoney Creek Road
 City South Abington Township State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne Memorial Healthcare System 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
 04 / 01 / 2021
Transaction ID : 10923463
 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 126 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Warden, William, H, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2760 Atlantic Ave
 City Long Beach State CA Zip Code 90806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Ortho Surgical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 01 / 2021
Transaction ID : 10923464
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Slover, James, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 Colonial Ave
 City Dobbs Ferry State NY Zip Code 10522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New York University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 01 / 2021
Transaction ID : 10923468
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kay, Thomas, H, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3131 Peppercreek Bridge Pkwy
 City Valparaiso State IN Zip Code 46385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lakeshore Bone & Joint Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 02 / 2021
Transaction ID : 10923486
 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 127 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Frederick, Hugh, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6330 Prestonshire Drive
 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 500.00

Date of Receipt **04 / 02 / 2021**
Transaction ID : 10923492
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Szczech, Bartlomiej, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Intervale Way
 City Lake Placid State NY Zip Code 12946-3240
 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 400.00

Date of Receipt **04 / 08 / 2021**
Transaction ID : 10923667
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Mejia, Alfonso, , , MD, MPH, FAA
 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 588.00

Date of Receipt **04 / 08 / 2021**
Transaction ID : 10923668
 Amount of Each Receipt this Period 84.00
 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 128 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Carson, James, H, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 608 Belgian Way

City Lititz	State PA	Zip Code 17543
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopedic Associates of Lancaster	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
04		08		2021

Transaction ID : 10923690

Amount of Each Receipt this Period
1000.00

Memo Item

B. Alvine, Gregory, F, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2901 E Old Orchard Tr

City Sioux Falls	State SD	Zip Code 57103
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sioux Falls Specialty 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
04		06		2021

Transaction ID : 10923706

Amount of Each Receipt this Period
1000.00

Memo Item

C. Kofoed, John, Charles, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2619 Seminole Ct

City Fairfield	State CA	Zip Code 94534-7871
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Sutter Medical Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
178.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2021

Transaction ID : 10923707

Amount of Each Receipt this Period
89.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2089.00
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 129 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kofoed, John, Charles, , MD, FAAOS

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

Mailing Address 2619 Seminole Ct

City Fairfield	State CA	Zip Code 94534-7871
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Sutter Medical Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
267.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2021

Transaction ID : 10923708

Amount of Each Receipt this Period

89.00

 Memo Item

B. Masem, Mathias, A, , MD, FAAOS

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

Mailing Address 80 Grand Ave #600

City Oakland	State CA	Zip Code 94612
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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 Y Y
04 / 06 / 2021

Transaction ID : 10923709

Amount of Each Receipt this Period

250.00

 Memo Item

C. Miller, Michael, David, , MD, FAAOS

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

Mailing Address 6501 N Camino Katrina

City Tucson	State AZ	Zip Code 85718
----------------	-------------	-------------------

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

Name of Employer (for Individual) University Orthopedics Specialists	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
04 / 06 / 2021

Transaction ID : 10923710

Amount of Each Receipt this Period

250.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	589.00
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 130 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Emery, Sanford, E, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3958 Eastlake Dr
 City Morgantown State WV Zip Code 26508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WVU Dept of Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2021
Transaction ID : 10923716
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Fraser, Michael, Robson, , Jr, MD,FAA
 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) US Navy Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 06 / 2021
Transaction ID : 10923717
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Smith, Brian, G, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5122 Morningside Drive Apt 1019
 City Houston State TX Zip Code 77005-2539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Children's Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2021
Transaction ID : 10923722
 Amount of Each Receipt this Period 250.00
 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 131 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mitchell, Robert, E, , MD, FAAOS

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

Mailing Address 695 Hill Country Dr Ste B

City Kerrville	State TX	Zip Code 78028-5958
-------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
04		06		2021

Transaction ID : 10923723

Amount of Each Receipt this Period
250.00

Memo Item

B. Dawson, Jeremiah, R, , MD, FAAOS

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

Mailing Address 1196 South Main St

City Willits	State CA	Zip Code 95490
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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
04		08		2021

Transaction ID : 10923924

Amount of Each Receipt this Period
500.00

Memo Item

C. Incavo, Stephen, J, , MD,FAAOS

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

Mailing Address 3411 Nottingham St

City Houston	State TX	Zip Code 77005-2217
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Houston Methodist	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
04		08		2021

Transaction ID : 10924297

Amount of Each Receipt this Period
500.00

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 132 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Clain, Michael, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Indian Head Rd
 City Riverside State CT Zip Code 06878-2403
 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 **336.00**

Date of Receipt **04 / 09 / 2021**
Transaction ID : 10925769
 Amount of Each Receipt this Period **84.00**
 Memo Item

B. Tracy, Sean, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W211 N5455 Carters Crossing Circle
 City Menomonee Falls State WI Zip Code 53051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Orthopedic Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 10 / 2021**
Transaction ID : 10926214
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Kelly, James, D, , II, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3838 California Street Suite 715
 City San Francisco State CA Zip Code 94118-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Pacific Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 11 / 2021**
Transaction ID : 10926215
 Amount of Each Receipt this Period **250.00**
 Memo Item

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 133 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Nahigian, Kevin, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Red Bay Rd
 City Elgin State SC Zip Code 29045-8684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Shoulder & Knee Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 11 / 2021
Transaction ID : 10926216
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Bernard, Johnathan, , , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21549 Glebe View Dr
 City Broadlands State VA Zip Code 20148-3625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Sports Medicine Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 12 / 2021
Transaction ID : 10926217
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Marinello, Patrick, Gaetano, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 Bradhaven Rd
 City Slingerlands State NY Zip Code 12159-9369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Bone and Joint Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 12 / 2021
Transaction ID : 10926218
 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 134 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Dodds, Julie, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1575 Ramblewood Dr
 City East Lansing State MI Zip Code 48823-6384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan State University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2021
Transaction ID : 10926219
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Braaton, Paul, J, , MD,FAAOS
 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 95355-3192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoMed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2021
Transaction ID : 10926220
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Espinoza, Luis, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Savannah Ridge Lane
 City Metairie State LA Zip Code 70001
 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 ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 12 / 2021
Transaction ID : 10926221
 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 135 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. John, Thomas, K, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 522 Eastbrook Rd

City Ridgewood	State NJ	Zip Code 07450-2110
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Active Orthopedics and Sports Medicine	Occupation (for Individual) Orthopaedic Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2021

Transaction ID : 10926222

Amount of Each Receipt this Period
84.00

Memo Item

B. Mansfield, David, J, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5019 Montoya Rd

City El Paso	State TX	Zip Code 79922-2031
-----------------	-------------	------------------------

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 ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2021

Transaction ID : 10926223

Amount of Each Receipt this Period
84.00

Memo Item

C. Krueger, Chad, A, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 705 Kyle Dr

City Ambler	State PA	Zip Code 19002-2531
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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 ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2021

Transaction ID : 10927139

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 136 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. James, Jeremy, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Briar Hollow St
 City Covington State LA Zip Code 70433-4511
 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 ▼ 400.00

Date of Receipt 04 / 13 / 2021
Transaction ID : 10927140
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Torretta, Paul, , , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dowling 2 North Orthopaedics 850 Harrison Avenue
 City Boston State MA Zip Code 02118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 13 / 2021
Transaction ID : 10927144
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Holloway, G, Brian, , MD,FAAOS
 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 04 / 09 / 2021
Transaction ID : 10927145
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 137 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Courtney, Paul, Maxwell, , MD, FAAOS

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

Mailing Address 902 S Front St

City Philadelphia	State PA	Zip Code 19147-4304
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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 ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2021

Transaction ID : 10927722

Amount of Each Receipt this Period
84.00

Memo Item

B. Froimson, Mark, I, , MD,MBA,FAA

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

Mailing Address 15000 County Line Rd

City Hunting Valley	State OH	Zip Code 44022
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Trinity Health	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
04	/	15	/	2021

Transaction ID : 10929307

Amount of Each Receipt this Period
84.00

Memo Item

C. Vercillo, Michael, Thomas, , MD,FAAOS

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

Mailing Address 275 Lake Sherwood Dr

City Westlake Village	State CA	Zip Code 91361
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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
04	/	15	/	2021

Transaction ID : 10929310

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 138 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Benson, Eric, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 78 Tirrell Rd

City Bedford	State NH	Zip Code 03110-6233
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New Hampshire Orthopaedic Center	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
04		13		2021

Transaction ID : 10929370

Amount of Each Receipt this Period
500.00

Memo Item

B. Dangles, Chris, John, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1107 West University Ave

City Champaign	State IL	Zip Code 61821-3226
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Gibson Area Hospital 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
04		13		2021

Transaction ID : 10929371

Amount of Each Receipt this Period
250.00

Memo Item

c. Maggitti, Michael, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3107 Drury Lane

City Fayetteville	State NC	Zip Code 28303
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Southeastern Regional Medical Center	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
04		13		2021

Transaction ID : 10929372

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 139 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Brooks, Andrew, T, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1412 Exeter Ct

City Davis	State CA	Zip Code 95618-6423
---------------	-------------	------------------------

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

Name of Employer (for Individual) North Bay Healthcare	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2021

Transaction ID : 10929373

Amount of Each Receipt this Period
230.00

Memo Item

B. Garroway, Robert, Y, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 Heather Ln

City Hewlett Harbor	State NY	Zip Code 11557
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Orlin and Cohen Ortho Assoc	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
04		13		2021

Transaction ID : 10929375

Amount of Each Receipt this Period
250.00

Memo Item

C. Montgomery, William, Kemp, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7709 Harbor Town Dr

City McKinney	State TX	Zip Code 75072-2756
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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 M	/	D D D	/	Y Y Y Y Y Y
04		13		2021

Transaction ID : 10929378

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	730.00
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 140 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Papas, Spiro, N, , MD, FAAOS

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

Mailing Address 200 Delafield Rd
Ste 1040

City Pittsburgh	State PA	Zip Code 15215-3234
--------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Pittsburgh Medical Cente	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
04		13		2021

Transaction ID : 10929380

Amount of Each Receipt this Period
500.00

Memo Item

B. Lin, Jason, Seitetsu, , MD, FAAOS

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

Mailing Address 3640 NW Goldfinch Drive

City Corvallis	State OR	Zip Code 97330-3487
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Samaritan Orthopaedics and Sports Medi	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
04		13		2021

Transaction ID : 10929382

Amount of Each Receipt this Period
300.00

Memo Item

C. Jamison, James, P, , MD, FAAOS

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

Mailing Address 7092 Killdeer Drive

City Canfield	State OH	Zip Code 44406-9181
------------------	-------------	------------------------

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
04		16		2021

Transaction ID : 10929593

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 141 OF 425
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Smith, Jeffrey, Mark, , MD,CPC,FAA

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

Mailing Address 610 San Elijo Street
Suite 201

City San Diego	State CA	Zip Code 92106-3414
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNITE Orthopaedics Foundation	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
04	/	16	/	2021

Transaction ID : 10929594

Amount of Each Receipt this Period
250.00

Memo Item

B. Grimm, Matthew, R, , MD, FAAOS

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

Mailing Address 920 Avenue B

City Marrero	State LA	Zip Code 70072-3112
-----------------	-------------	------------------------

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 ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2021

Transaction ID : 10929595

Amount of Each Receipt this Period
84.00

Memo Item

C. Battaglia, Michael, Jacob, , MD,FAAOS

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

Mailing Address 1641 Windermere Dr E

City Seattle	State WA	Zip Code 98112-3737
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bellevue Bone & Joint Physicians	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
04	/	16	/	2021

Transaction ID : 10929596

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 142 OF 425
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Holthusen, Scott, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7421 Dogwood Rd
 City Excelsior State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Twin Cities Orthopedics 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
 04 / 16 / 2021
Transaction ID : 10929600
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Rosenfeld, Samuel, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 Bennington Dr
 City Santa Ana State CA Zip Code 92705
 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
 04 / 16 / 2021
Transaction ID : 10929915
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Ennis, Francis, A, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Dialstone Lane
 City Riverside State CT Zip Code 06878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ONS Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2021
Transaction ID : 10929917
 Amount of Each Receipt this Period
 210.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	960.00
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 143 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Buller, Leonard, T, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12890 Old Meridian Street Apt 129
 City Carmel State IN Zip Code 46032-8889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana University Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2021
Transaction ID : 10929929
 Amount of Each Receipt this Period 250.00
 Memo Item

B. McCulloch, Patrick, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 Buckingham Drive
 City Venetia State PA Zip Code 15367-2383
 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 ▼ 336.00

Date of Receipt 04 / 17 / 2021
Transaction ID : 10930116
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Goldberg, Steven, Scott, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5867 Whisperwood Ct
 City Naples State FL Zip Code 34110-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physicians Regional Medical Center - P Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2021
Transaction ID : 10930117
 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 144 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kwok, Moody, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 Presidential Dr
 City Horsham State PA Zip Code 19044-1110
 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 ▼ 500.00

Date of Receipt 04 / 17 / 2021
Transaction ID : 10930118
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Greene, Robert, Neil, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 N 16th Ave
 City Yakima State WA Zip Code 98902-1347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedics Northwest PLLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 17 / 2021
Transaction ID : 10930119
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Coates, Kevin, E, , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5651 Goldenberry Ct
 City Winston Salem State NC Zip Code 27106-9840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Baptist Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 17 / 2021
Transaction ID : 10930120
 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 145 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Sherman, Thomas, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 376 Kendig Rd
 City Conestoga State PA Zip Code 17516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medstar Georgetown University Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 17 / 2021**
Transaction ID : 10930123
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Winston, Jonathan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4534 Shadowbrook Court
 City Bettendorf State IA Zip Code 52722-6585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt **04 / 18 / 2021**
Transaction ID : 10930452
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Carnduff, Mary, Foley, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 Maxwell Blvd #331
 City Montgomery State AL Zip Code 36104-3081
 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 **04 / 18 / 2021**
Transaction ID : 10930467
 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 146 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Alhadeff, Joseph, E, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 Oakwood Dr
 City Red Lion State PA Zip Code 17356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OSS Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 18 / 2021**
Transaction ID : 10930481
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Ellis, Thomas, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5190 Harlem Road
 City New Albany State OH Zip Code 43054-9771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic ONE Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 19 / 2021**
Transaction ID : 10930504
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Tyndall, William, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 Brittany Ln
 City Hollidaysburg State PA Zip Code 16648-9269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt **04 / 19 / 2021**
Transaction ID : 10930505
 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 147 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Woodcock, Jessica, A, , MD, FAAOS

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

Mailing Address 122 Stillwood Ct

City New Bern	State NC	Zip Code 28560-8040
------------------	-------------	------------------------

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

Name of Employer (for Individual) Carolina Orthopedics and Sports Medici	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2021

Transaction ID : 10930506

Amount of Each Receipt this Period
84.00

Memo Item

B. Cooper, Scott, Snow, , MD,FAAOS

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

Mailing Address 405 NW A St
1101 Horsebarn Road

City Bentonville	State AR	Zip Code 72712-5216
---------------------	-------------	------------------------

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 ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2021

Transaction ID : 10930507

Amount of Each Receipt this Period
84.00

Memo Item

C. Ruddy, Michael, John, , MD,FAAOS

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

Mailing Address 610 Solar Isle Drive

City Fort Lauderdale	State FL	Zip Code 33301
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Fort Lauderdale Orthopaedics, PL	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
04		19		2021

Transaction ID : 10931104

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
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 148 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kamps, Bryan, Scott, , MD,FAOS
 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 ▼ 250.00

Date of Receipt 04 / 16 / 2021
Transaction ID : 10931125
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Russell, George, V, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 North Natchez Drive
 City Madison State MS Zip Code 39110
 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 ▼ 360.00

Date of Receipt 04 / 16 / 2021
Transaction ID : 10931126
 Amount of Each Receipt this Period 90.00
 Memo Item

C. Ghigiarelli, Christopher, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Fitzgerald Dr
 City Moosic State PA Zip Code 18507
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Scranton Orthopaedics Specialist Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2021
Transaction ID : 10931127
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	590.00
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 149 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Higgins, Jason, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1851 Saint Mary Rd
 City Thibodaux State LA Zip Code 70301-5883
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Sports Specialists of Loui Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2021
Transaction ID : 10931141
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Reynolds, Scott, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1408 N 187th St
 City Elkhorn State NE Zip Code 68022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoNebraska Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2021
Transaction ID : 10931142
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Urband, Lindsey, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15066 Almond Orchard Lane Suite 403
 City San Diego State CA Zip Code 92131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Diego Hand Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 05 / 2021
Transaction ID : 10931150
 Amount of Each Receipt this Period 84.00
 Memo Item

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 150 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Delanois, Ronald, Emilio, , MD,FAAOS

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

Mailing Address 6 Brookfield Garth

City Lutherville	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 ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2021

Transaction ID : 10931152

Amount of Each Receipt this Period
250.00

Memo Item

B. Engstrom, Stephen, Matthew, , MD

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

Mailing Address 9207 Duncaster Ct

City Brentwood	State TN	Zip Code 37027-1480
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Vanderbilt Univ-Vanderbilt Ortho Inst	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2021

Transaction ID : 10931153

Amount of Each Receipt this Period
84.00

Memo Item

C. Hettrich, Carolyn, , , MD,MPH,FAA

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

Mailing Address 28A Miller Hill Rd

City Dover	State MA	Zip Code 02030-2332
---------------	-------------	------------------------

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

Name of Employer (for Individual) Brigham and Women's Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2021

Transaction ID : 10931154

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 151 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Sheehan, John, P, , MD,FAOS
 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 ▼ 336.00

Date of Receipt 04 / 06 / 2021
Transaction ID : 10931156
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Gibson, Wilford, K, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4003 Arrowhead Point Ct
 City Virginia Beach State VA Zip Code 23455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vann Virginia Center For Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 06 / 2021
Transaction ID : 10931157
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Migliori, Sidney, Premer, , MD,FAAOS
 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 ▼ 336.00

Date of Receipt 04 / 07 / 2021
Transaction ID : 10931158
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1168.00
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 152 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Chutkan, Norman, Barrington, , MD,FAAOS

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

Mailing Address 3002 N Manor Drive E

City Phoenix	State AZ	Zip Code 85014
-----------------	-------------	-------------------

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

Name of Employer (for Individual) The CORE Institute	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2021

Transaction ID : 10931160

Amount of Each Receipt this Period
84.00

Memo Item

B. More, Robert, Cameron, , MD, FAAOS

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 08822-4671
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2021

Transaction ID : 10931161

Amount of Each Receipt this Period
84.00

Memo Item

C. Sardelli, Matthew, Carl, , MD,FAAOS

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

Mailing Address 7248 Ardsley Lane

City Clarkston	State MI	Zip Code 48348
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OrthoMichigan	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
04		12		2021

Transaction ID : 10931162

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 153 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Cimino, William, Gerard, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 Beach Road
 Suite 207
 City Fairfield State CT Zip Code 06824-6017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beach Road Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 12 / 2021
Transaction ID : 10931163
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Parsley, Brian, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 302 Pine Shadows Dr
 Suite 2400
 City Houston State TX Zip Code 77056
 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 ▼ 336.00

Date of Receipt 04 / 13 / 2021
Transaction ID : 10931164
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Damalas, Dino, , , MBA
 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 ▼ 336.00

Date of Receipt 04 / 13 / 2021
Transaction ID : 10931165
 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 154 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. DiCaprio, Matthew, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2028 Dobie Lane
 City Schenectady State NY Zip Code 12303-6013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albany Medical College 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
 04 / 14 / 2021
Transaction ID : 10931166
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Roberson, Rowland, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 641 N Lamar Blvd
 City Oxford State MS Zip Code 38655-3235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Specialty Orthopedic Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2021
Transaction ID : 10931167
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Lisella, Jordan, Mills, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Turner Lane
 City Loudonville State NY Zip Code 12211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region Orthopaedic Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2021
Transaction ID : 10931168
 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 155 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Zanos, George, , , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Shaker Bay Rd

City Latham	State NY	Zip Code 12110
----------------	-------------	-------------------

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

Name of Employer (for Individual) Capital Region Orthopaedic Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2021

Transaction ID : 10931169

Amount of Each Receipt this Period
84.00

Memo Item

B. Stabile, Kathryn, J, , MD, MS, FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 324 Royal Hunt Way

City Lititz	State PA	Zip Code 17543-7614
----------------	-------------	------------------------

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

Name of Employer (for Individual) Ortho Associates of Lancaster	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
04		19		2021

Transaction ID : 10931175

Amount of Each Receipt this Period
1000.00

Memo Item

C. Chapman, Cary, B, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10903 Blue Palm Street

City Plantation	State FL	Zip Code 33324-8234
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Miami Orthopedics & Sports Medicine In	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2021

Transaction ID : 10932124

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
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 156 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Stoeckl, Andrew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Fairlawn Dr
 City Amherst State NY Zip Code 14226-3422
 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 ▼ 332.00

Date of Receipt 04 / 21 / 2021
Transaction ID : 10932125
 Amount of Each Receipt this Period 83.00
 Memo Item

B. Starr, Brittany, , ,
 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) Senior Manager of Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 710.00

Date of Receipt 04 / 21 / 2021
Transaction ID : 10932395
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Rodgers, John, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2163 Meadow Ridge Dr
 City Lancaster State PA Zip Code 17601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates of Lancaster Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 21 / 2021
Transaction ID : 10933063
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1093.00
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 157 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Sherbondy, Paul, Strawn, , MD, FAAOS

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

Mailing Address 507 Beaumont Dr

City State College	State PA	Zip Code 16801-8311
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Penn State Health	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2021

Transaction ID : 10933065

Amount of Each Receipt this Period
84.00

Memo Item

B. Kirol, Bernard, G, , MD, FAAOS

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

Mailing Address 338 Turnwall Ln

City Elgin	State SC	Zip Code 29045-9507
---------------	-------------	------------------------

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2021

Transaction ID : 10933067

Amount of Each Receipt this Period
75.00

Memo Item

C. Veitch, Andrew, John, , MD,FAAOS

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 87111-7154
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of New Mexico, Dept of Orth	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2021

Transaction ID : 10933068

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	243.00
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 158 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Martin, Kenneth, Andrew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Platte Ct
 City Maumelle State AR Zip Code 72113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arkansas Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 21 / 2021
Transaction ID : 10933326
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Dines, Joshua, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Kings Lane
 City Southampton State NY Zip Code 11968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) David Dines MD PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2021
Transaction ID : 10933332
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Meletiou, Steven, Demetrios, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1295 Broadway Street North
 City Stillwater State MN Zip Code 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Twin Cities Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 20 / 2021
Transaction ID : 10933334
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00
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 159 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Chidester, John, H, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 326 Old Lincoln Highway
 City Malvern State PA Zip Code 19355
 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 350.00

Date of Receipt **04 / 22 / 2021**
Transaction ID : 10933523
 Amount of Each Receipt this Period **350.00**
 Memo Item

B. Barber, Thomas, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1275 York Avenue
 City New York State NY Zip Code 10065-6007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **04 / 23 / 2021**
Transaction ID : 10934732
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Rajani, Rajiv, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Ogden Ln
 City San Antonio State TX Zip Code 78209-4414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of TX Health Sciences Ctr SA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **04 / 23 / 2021**
Transaction ID : 10934733
 Amount of Each Receipt this Period **250.00**
 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 160 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Ede, David, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 Morris St
 Ste 104
 City Charleston State WV Zip Code 25301-1840
 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 04 / 23 / 2021
Transaction ID : 10934734
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Friedmann, Elizabeth, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4123 TottenHam St
 Apt 210
 City Frederick State MD Zip Code 21704-7302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 23 / 2021
Transaction ID : 10934735
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Guille, James, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 390 Ring Rd
 City Chadds Ford State PA Zip Code 19317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brandywine Institute of Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 23 / 2021
Transaction ID : 10935298
 Amount of Each Receipt this Period 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2334.00
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 161 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Lundy, Douglas, W, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 827 Southridge Greens Blvd
 City Ft Collins State CO Zip Code 80525-6740
 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 ▼ 1000.00

Date of Receipt 04 / 23 / 2021
Transaction ID : 10935347
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Navarro, Ronald, Anthony, , MD,FAAOS
 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 ▼ 336.00

Date of Receipt 04 / 24 / 2021
Transaction ID : 10935407
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Torpey, Brian, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Deputy Minister Dr
 City Colts Neck State NJ Zip Code 07722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Professional Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 24 / 2021
Transaction ID : 10935408
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1584.00
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 162 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Swenning, Todd, Allen, , MD, FAAOS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41970 Rancho Manana Lane

City Rancho Mirage	State CA	Zip Code 92270
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2021

Transaction ID : 10935412

Amount of Each Receipt this Period
83.33

Memo Item

B. Krusniak, Jeffrey, M, , DO, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1826 Samish Ln

City Bellingham	State WA	Zip Code 98229-9321
--------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2021

Transaction ID : 10935413

Amount of Each Receipt this Period
125.00

Memo Item

C. Port, Joshua, , , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 Fairway Dr

City Altoona	State PA	Zip Code 16602-4472
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Blair Ortho Assoc & Sports Med	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
04	/	25	/	2021

Transaction ID : 10935417

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1208.33
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 163 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Beltran, Michael, John, , MD, FAAOS

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

Mailing Address UC Dept of Orthopaedic Surgery
231 Albert Sabin Way Room 5553

City Cincinnati	State OH	Zip Code 45267-0212
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Department of Orthopaedics and Rehabil	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2021

Transaction ID : 10935423

Amount of Each Receipt this Period
84.00

Memo Item

B. Schnaser, Erik, Allen, , MD,FAAOS

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

Mailing Address 75538 Desierto Dr

City Indian Wells	State CA	Zip Code 92210-8444
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Eisenhower Desert Orthopaedic Center	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
04		26		2021

Transaction ID : 10935424

Amount of Each Receipt this Period
250.00

Memo Item

C. Mitros, Stephen, F, , MD, FAAOS

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 ▼
336.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2021

Transaction ID : 10936161

Amount of Each Receipt this Period
252.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	586.00
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 164 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Eckrich, Stephen, G J, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5511 Shooting Star Trail
 City Rapid City State SD Zip Code 57702
 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 336.00

Date of Receipt 04 / 27 / 2021
Transaction ID : 10936420
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Gary, Joshua, Layne, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 951 Descanso Drive
 City La Canada Flintridge State CA Zip Code 91011-3820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keck School of Medicine of USC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 336.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 10938386
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Carolan, Gregory, Francis, , MD,FAOS
 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 336.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 10938387
 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 165 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Torres, Daniel, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1488 Shelburne Ct
 City Allentown State PA Zip Code 18104-1949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lehigh Valley Practioner Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2021
Transaction ID : 10938388
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Chandler, David, R, MD,FAAOS
 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 32561-4899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Andrews Institute For Orthopaedics & S Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2021
Transaction ID : 10938389
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Allard, Mark, Michael, , MD,FAAOS
 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 ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2021
Transaction ID : 10938390
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	253.00
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 166 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Porter, Scott, Edward, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1420 Jonesville Road
 City Simpsonville State SC Zip Code 29681-4411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prisma Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 10938391
 Amount of Each Receipt this Period 84.00
 Memo Item

B. McClintock, Kyle, Ross, , DO, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2011 Fairway Oaks Dr
 City Ripon State CA Zip Code 95366-9360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The CORE Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 10938392
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Della Rocca, Gregory, John, , MD, PhD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 Stonehaven Rd
 City Columbia State MO Zip Code 65203-5108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Missouri Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 10938393
 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 167 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Hoedt, Christen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 973 Vinings Blvd
 City Gallatin State TN Zip Code 37066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cooper Orthopaedics Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2021
Transaction ID : 10938394
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Reid, J, Spence, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 University Drive Department of Orthopaedics
 City Hershey State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2021
Transaction ID : 10938395
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Giuseffi, Steven, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4784 Enchanted Pines Dr
 City Rapid City State SD Zip Code 57701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black Hills Orthopedic and Spine Cente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2021
Transaction ID : 10938396
 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 168 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Benecki, Gerard, Mark, , MD, FAAOS

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

Mailing Address 17326 32nd Drive NW

City Stanwood	State WA	Zip Code 98292
------------------	-------------	-------------------

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

Name of Employer (for Individual) United States Navy	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
04 / 26 / 2021

Transaction ID : 10939286

Amount of Each Receipt this Period
250.00

Memo Item

B. King, Jeffrey, C, , MD,FAAOS

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

Mailing Address 7665 Finnagen Dr

City Mattawan	State MI	Zip Code 49071-9541
------------------	-------------	------------------------

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

Name of Employer (for Individual) Bronson Healthcare Group	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 Y Y
04 / 26 / 2021

Transaction ID : 10939287

Amount of Each Receipt this Period
500.00

Memo Item

C. Noffsinger, Mark, A, , MD, FAAOS

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 ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2021

Transaction ID : 10939354

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 169 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Goumas, Douglas, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Three Corners Rd
 City Bedford State NH Zip Code 03110-4115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Hampshire Orthopaedic Center 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
 04 / 26 / 2021
Transaction ID : 10939355
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Bruno, Roderick, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Oak Lane
 City Stratham State NH Zip Code 03885-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CORE 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
 04 / 26 / 2021
Transaction ID : 10939356
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Boyette, Deanna, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 602 Daventry Dr
 City Greenville State NC Zip Code 27858-6513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boyette Orthos & Sports Med PA 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
 04 / 26 / 2021
Transaction ID : 10939357
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 170 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Garino, Jonathan, P, , MD,MBA,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 835 Stoke Road

City Villanova	State PA	Zip Code 19085
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Premier Orthopedics	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
04	/	26	/	2021

Transaction ID : 10939358

Amount of Each Receipt this Period
1000.00

Memo Item

B. Nunley, James, Albert, , II, MD, FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4709 Creekstone Drive
Suite 200

City Durham	State NC	Zip Code 27703
----------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2021

Transaction ID : 10939359

Amount of Each Receipt this Period
1000.00

Memo Item

C. McGinley, Brian, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Caterham Lane

City East Setauket	State NY	Zip Code 11733
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Long Island Bone Joint LLP	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
04	/	26	/	2021

Transaction ID : 10939360

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 171 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Roberts, Craig, S., MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 4808
 City Louisville State KY Zip Code 40204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Louisville Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 26 / 2021**
Transaction ID : 10939361
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Tosi, Laura, Lowe, MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3729 Harrison St NW
 City Washington State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Childrens Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 26 / 2021**
Transaction ID : 10939362
 Amount of Each Receipt this Period **1000.00**
 Memo Item

c. Chang, Jonathan, L., MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1456 Oak Crest Ave
 City South Pasadena State CA Zip Code 91030-4102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) POA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 26 / 2021**
Transaction ID : 10939363
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 172 OF 425
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	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Casey, Steven, E, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 915 Lawn Ave

City Sellersville	State PA	Zip Code 18960-1575
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Upper Bucks Orthopedics Associates	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
04		26		2021

Transaction ID : 10939365

Amount of Each Receipt this Period
250.00

Memo Item

B. Mears, Simon, , , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5011 Hawthorne Rd

City Little Rock	State AR	Zip Code 72207
---------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Arkansas For Medical Sci	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
04		26		2021

Transaction ID : 10939381

Amount of Each Receipt this Period
1500.00

Memo Item

C. Clark, Joseph, W, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5710 Macon Dr

City Huntsville	State AL	Zip Code 35802
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Orthopaedic Center	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
04		26		2021

Transaction ID : 10939382

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2750.00
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 173 OF 425
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Ishak, Andre, Michael, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2221 Wankel Way
 City Oxnard State CA Zip Code 93036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Ventura Orthopedic Medical Group Inc 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
 04 / 26 / 2021
Transaction ID : 10939383
 Amount of Each Receipt this Period
 350.00
 Memo Item

B. Wolf, Mark, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3628 Country Club Circle
 City Ft Worth State TX Zip Code 76109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Baylor Orthopedic & Spine Hospital at 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
 04 / 26 / 2021
Transaction ID : 10939384
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Hagen, Robert, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2105 Summertime Trail
 City Lafayette State IN Zip Code 47909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Lafayette Orthopaedic Clinic 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
 04 / 26 / 2021
Transaction ID : 10939385
 Amount of Each Receipt this Period
 1100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2450.00
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 174 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Becker, Carl, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Southview Lane
 City Lititz State PA Zip Code 17543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Westphal Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2021
Transaction ID : 10939386
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Wolanin, Andre, F, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1235 Homestead Creek Drive
 City Broadview Heights State OH Zip Code 44147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Orthopaedics Inc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2021
Transaction ID : 10939387
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Biama, Richard, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1566 Edgehill Lane
 City Redlands State CA Zip Code 92373
 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 04 / 26 / 2021
Transaction ID : 10939388
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 175 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kelly, Robert, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3084 W Roxboro Rd NE
 City Atlanta State GA Zip Code 30324
 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 ▼ 500.00

Date of Receipt 04 / 26 / 2021
Transaction ID : 10939389
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Weinstein, Stuart, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Hawkins Dr Ste 01026JPP
 City Iowa City State IA Zip Code 52242-1008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2021
Transaction ID : 10939390
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Cage, Dori, N, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4105 Alameda Dr
 City San Diego State CA Zip Code 92103
 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 04 / 26 / 2021
Transaction ID : 10939391
 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 176 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Davison, Brian, L., MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8090 Crossgate Ct South
 City Dublin State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic One Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2021
Transaction ID : 10939392
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Wise, Christopher, L., MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1640 NE Woodland Shores Dr
 City Lees Summit State MO Zip Code 64086-7010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DFP Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2021
Transaction ID : 10939393
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Goldman, Ariel, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 Tara Drive
 City Roslyn State NY Zip Code 11576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2021
Transaction ID : 10939394
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 177 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Manista, Andrew, Philip, , MD, FAAOS

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

Mailing Address 1909 Golden Maple Ct NW

City Olympia	State WA	Zip Code 98502
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Capital Medical Center	Occupation (for Individual) Orthopaedic Surgeon
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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
04		26		2021

Transaction ID : 10939395

Amount of Each Receipt this Period
1000.00

Memo Item

B. Shammas, Sameer, B, , MD, FAAOS

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

Mailing Address 10905 Ft Washington Rd Ste 305

City Fort Washington	State MD	Zip Code 20744-5812
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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 M	/	D D D	/	Y Y Y Y Y Y
04		26		2021

Transaction ID : 10939396

Amount of Each Receipt this Period
1000.00

Memo Item

C. Crutcher, James, P, , Jr, MD, FAA

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

Mailing Address 1000 39th Ave E

City Seattle	State WA	Zip Code 98112-5028
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Proliance Surgeons	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
04		26		2021

Transaction ID : 10939397

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 178 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Hamlin, Brian, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3169 Beechwood Drive
 City Allison Park State PA Zip Code 15101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Magee-Women's Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2021
Transaction ID : 10939398
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Higginbotham, William, , , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3189 Bloomfield Park Dr
 City West Bloomfield State MI Zip Code 48323-3512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The CORE Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2021
Transaction ID : 10939399
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Anderson, Lesley, J, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 San Marino Dr
 City San Rafael State CA Zip Code 94901
 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 04 / 26 / 2021
Transaction ID : 10939400
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 179 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mead, Leon, P, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 730 Goodlette Rd North #201

City Naples	State FL	Zip Code 34102
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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 M	/	D D D	/	Y Y Y Y Y Y
04		26		2021

Transaction ID : 10939401

Amount of Each Receipt this Period
1000.00

Memo Item

B. Kofoed, John, Charles, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2619 Seminole Ct

City Fairfield	State CA	Zip Code 94534-7871
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Sutter Medical Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
356.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2021

Transaction ID : 10939402

Amount of Each Receipt this Period
89.00

Memo Item

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

Mailing Address 815 Main Street
Apt A

City Lynchburg	State VA	Zip Code 24504-1507
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Ortho Virginia	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
04		29		2021

Transaction ID : 10939514

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1339.00
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 180 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Snyder, Barry, J, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 497 Long Ln

City Huntingdon Valley	State PA	Zip Code 19006
---------------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
04		30		2021

Transaction ID : 10939937

Amount of Each Receipt this Period
250.00

Memo Item

B. Cassidy, Carter, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4890 Faulkirk Lane

City Lexington	State KY	Zip Code 40515
-------------------	-------------	-------------------

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 ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2021

Transaction ID : 10939976

Amount of Each Receipt this Period
85.00

Memo Item

C. Gottschalk, Michael, Brandon, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4799 Olde Village Cv

City Atlanta	State GA	Zip Code 30338-5055
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Emory University	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
05		02		2021

Transaction ID : 10939977

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	585.00
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 181 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Higgins, Michael, E, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5236 Rockport Landing

City Suffolk	State VA	Zip Code 23435
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tidewater Orthopaedic Assoc	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
05		02		2021

Transaction ID : 10939978

Amount of Each Receipt this Period
84.00

Memo Item

B. Knight, Bradford, S, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11701 Pine Tree Dr

City Fairfax	State VA	Zip Code 22033-2712
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Prince William Orthopaedics	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
05		02		2021

Transaction ID : 10939979

Amount of Each Receipt this Period
250.00

Memo Item

C. Rana, Adam, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Landing Woods Ln

City Falmouth	State ME	Zip Code 04105-1948
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Maine Medical Center	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
05		02		2021

Transaction ID : 10939980

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 182 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Smith, Eric, Louis, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1573 Beacon Street

City Waban	State MA	Zip Code 02468
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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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2021

Transaction ID : 10939981

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 407 Country Ln

City San Antonio	State TX	Zip Code 78209-2320
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Department of Orthopaedics and Rehabil	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
05		02		2021

Transaction ID : 10939982

Amount of Each Receipt this Period
250.00

Memo Item

C. Watson, Troy, S, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 Kittansett Loop

City Henderson	State NV	Zip Code 89052-6694
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Desert Orthopaedic Center	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
05		02		2021

Transaction ID : 10939983

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: PAGE 183 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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. Slough, James, A, , MD,FAOS

Mailing Address 236 Rivermist Drive

City Buffalo State NY Zip Code 14202

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 02 / 2021
Transaction ID : 10939985

Amount of Each Receipt this Period 1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Everman, David, Glenn, , MD, FAOS

Mailing Address 57 Bayberry Ln

City Myrtle Beach State SC Zip Code 29572

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 05 / 03 / 2021
Transaction ID : 10940100

Amount of Each Receipt this Period 250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Thompson, Michael, Andrew, , MD, FAAOS

Mailing Address 25005 Farnam Circle

City Waterloo State NE Zip Code 68069

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

Name of Employer (for Individual) OrthoNebraska Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2021
Transaction ID : 10940603

Amount of Each Receipt this Period 500.00

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 184 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Meyer, Robert, Willse, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4066 West Lake Rd
 City Canandaigua State NY Zip Code 14424-8314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Canandaigua Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 17 / 2021
Transaction ID : 10940622
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Breien, Kristoffer, Meyers, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10977 57th St N
 City Lake Elmo State MN Zip Code 55042-9697
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Summit Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 18 / 2021
Transaction ID : 10940624
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Wright, Craig, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Briar Hill Rd
 City Montclair State NJ Zip Code 07042
 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 ▼ 500.00

Date of Receipt 04 / 16 / 2021
Transaction ID : 10940628
 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 185 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Lajam, Claudette, Malvina, , MD,FAAOS

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

Mailing Address 30 Knollwood Dr

City Larchmont	State NY	Zip Code 10538-1238
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hosp for Joint Disease	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2021

Transaction ID : 10940629

Amount of Each Receipt this Period
1250.00

Memo Item

B. Satterlee, C, Craig, , MD, FAAOS

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

Mailing Address 8600 Mission Rd

City Prairie Village	State KS	Zip Code 66206-1449
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Orthopedic Health of Kansas City	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
04 / 19 / 2021

Transaction ID : 10940630

Amount of Each Receipt this Period
1000.00

Memo Item

C. Jiranek, William, A, , MD,FAAOS,F

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 ▼
336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2021

Transaction ID : 10940632

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2334.00
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 186 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mejia, Alfonso, , , MD,MPH,FAA
 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 ▼ 672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2021
Transaction ID : 10940635
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Adamson, Kent, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Via Rancho
 City San Clemente State CA Zip Code 92672-4540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 COMG 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
 04 / 26 / 2021
Transaction ID : 10940637
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Iorio, Richard, , , MD,FAAOS
 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) Occupation (for Individual)
 Brigham and Women's Hospital Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2021
Transaction ID : 10940639
 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 187 OF 425
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	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Waddell, Bradford, Sutton, , MD, FAAOS

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

Mailing Address 459 Carolwood Lane

City Sandy Springs	State GA	Zip Code 30342-2713
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2021

Transaction ID : 10940640

Amount of Each Receipt this Period
84.00

Memo Item

B. Lopez, David, Vincent, , MD,FAAOS

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 ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2021

Transaction ID : 10940641

Amount of Each Receipt this Period
84.00

Memo Item

C. Stokesbary, Steven, J, , MD,FAAOS

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

Mailing Address 627 Arrowhead Ct

City Dakota Dunes	State SD	Zip Code 57049
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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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2021

Transaction ID : 10941249

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 188 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Black, David, Albritton, , MD,PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12112 Fairway Drive
 City Little Rock State AR Zip Code 72212-3429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Arkansas 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
 05 / 04 / 2021
Transaction ID : 10941250
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Murrey, Daniel, Beasley, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1020 Isleworth Ave
 City Charlotte State NC Zip Code 28203-5218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Transformant Healthcare 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
 05 / 04 / 2021
Transaction ID : 10941452
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Lintecum, Neal, D, , MD, FAAOS
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2021
Transaction ID : 10941679
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1284.00
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 189 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Ellis, Henry, Bone, , Jr, MD,FAA
 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 ▼ 420.00

Date of Receipt 05 / 05 / 2021
Transaction ID : 10941680
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Brolin, Tyler, James, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1316 Bray Park Drive East
 City Collierville State TN Zip Code 38017
 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 ▼ 500.00

Date of Receipt 05 / 05 / 2021
Transaction ID : 10941681
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Blasier, R, Dale, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 Hickory Creek Ln
 City Little Rock State AR Zip Code 72212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arkansas Children's Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 05 / 2021
Transaction ID : 10941691
 Amount of Each Receipt this Period 1000.00
 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 190 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Schmale, Gregory, A, , MD, FAAOS
 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) Seattle Children's 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
 05 / 06 / 2021
Transaction ID : 10946235
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Hasan, Syed, Ashfaq, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7730 Elmwood Road
 City Fulton State MD Zip Code 20759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland School of Medic 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
 05 / 06 / 2021
Transaction ID : 10946236
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Burke, Charles, J, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Delafield Rd Ste 4010
 City Pittsburgh State PA Zip Code 15215-3235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC 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
 05 / 06 / 2021
Transaction ID : 10946237
 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 191 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Archdeacon, Michael, T, , MD,FAOS

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2021

Transaction ID : 10946238

Amount of Each Receipt this Period
250.00

Memo Item

B. Murphy, Daniel, J, , MD, FAAOS

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

Mailing Address 4115 Medical Center Dr Suite 104

City Fayetteville	State NY	Zip Code 13066
----------------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2021

Transaction ID : 10946240

Amount of Each Receipt this Period
500.00

Memo Item

C. Gomez, Gregory, , , MD

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

Mailing Address 6201 Moonfield Dr

City Huntington Beach	State CA	Zip Code 92648-1039
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Emanate Health	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
05		06		2021

Transaction ID : 10946241

Amount of Each Receipt this Period
50.00

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 192 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. McBride, G, Grady, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1530 Palmer Ave
 City Winter Park State FL Zip Code 32789-2751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Orthopaedics 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
 05 / 04 / 2021
Transaction ID : 10946500
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Reuss, Bryan, Lee, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 476 Sylvan Dr
 City Winter Park State FL Zip Code 32789-3975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Orthopaedic Center 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
 05 / 04 / 2021
Transaction ID : 10946501
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Jones, Craig, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1345 Spring Lake Dr
 City Orlando State FL Zip Code 32804-7114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Orthopaedic Center 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
 05 / 04 / 2021
Transaction ID : 10946502
 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 193 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Halperin, Lawrence, S, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 Spring Valley Ln
 City Altamonte Springs State FL Zip Code 32714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Orthopaedic Center 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
 05 / 04 / 2021
Transaction ID : 10946503
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Burkhart, Bradd, , , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Legion Dr
 City Winter Park State FL Zip Code 32789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Orthopaedic Center 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
 05 / 04 / 2021
Transaction ID : 10946504
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Bonenberger, Eric, Gunn, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8994 Hubbard Place
 City Orlando State FL Zip Code 32819-4314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Orthopaedic Center 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
 05 / 04 / 2021
Transaction ID : 10946505
 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 194 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Weber, Steven, , DO, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 West Crystal Lake St
 Ste 200
 City Orlando State FL Zip Code 32806-4476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Orthopaedic Center 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
 05 / 04 / 2021
Transaction ID : 10946506
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Schwartzberg, Randy, Steven, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Arrowhead Court
 City Winter Springs State FL Zip Code 32708-4200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Orthopaedic Center 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
 05 / 04 / 2021
Transaction ID : 10946507
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Goll, Stephen, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 E New England Ave
 Unit 4
 City Winter Park State FL Zip Code 32789-4477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Orthopaedic Center 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
 05 / 04 / 2021
Transaction ID : 10946508
 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 195 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. VanDyke, Travis, Boyd, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 Baxter Street
 City Orlando State FL Zip Code 32806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Orthopaedic Center 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
 05 / 04 / 2021
Transaction ID : 10946509
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Huff, Wallace, L, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1825 Fielden Dr
 City Lexington State KY Zip Code 40502-2815
 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 M / D D D / Y Y Y Y Y Y
 05 / 04 / 2021
Transaction ID : 10946525
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. McCoy, Blane, William, , MD,FAAOS
 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
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2021
Transaction ID : 10946526
 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 196 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Duralde, Xavier, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 Devin Place NE
 City Atlanta State GA Zip Code 30305
 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 ▼ 1000.00

Date of Receipt 05 / 04 / 2021
Transaction ID : 10946527
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Abraham, William, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Farmhill Rd
 City Sewickley State PA Zip Code 15143
 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 ▼ 250.00

Date of Receipt 05 / 04 / 2021
Transaction ID : 10946528
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Thordarson, David, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 832 Hanley Ave
 City Los Angeles State CA Zip Code 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cedars Sinai Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 06 / 2021
Transaction ID : 10946853
 Amount of Each Receipt this Period 500.00
 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 197 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Griska, Adam, Todd, , MD, FAAOS

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

Mailing Address 245 Eshelman Road

City Lancaster	State PA	Zip Code 17601
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Hospital of the University of Pennsylv	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
05		06		2021

Transaction ID : 10947072

Amount of Each Receipt this Period
1000.00

Memo Item

B. Callahan, John, J, , Jr, MD, FA

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

Mailing Address 10 Braunview Way

City Orchard Park	State NY	Zip Code 14127
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Excelsior Orthopaedics LLP	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
05		06		2021

Transaction ID : 10947080

Amount of Each Receipt this Period
1000.00

Memo Item

C. Green, Daniel, William, , MD,FAAOS

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 10021-4823
------------------	-------------	------------------------

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 ▼
875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2021

Transaction ID : 10947081

Amount of Each Receipt this Period
175.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2175.00
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 198 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mosley, Emmett, Wayne, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Thompson Pl
 City Roswell State GA Zip Code 30075-3522
 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 **05 / 07 / 2021**
Transaction ID : 10947082
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Kiner, Dirk, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 449 Canyon Springs Dr
 City Hixson State TN Zip Code 37343-2387
 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 ▼ 420.00

Date of Receipt **05 / 07 / 2021**
Transaction ID : 10947083
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Gallant, Gregory, G, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3588 Wellsford Lane
 City Doylestown State PA Zip Code 18902-1480
 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 ▼ 249.99

Date of Receipt **05 / 07 / 2021**
Transaction ID : 10947084
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	251.33
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 199 OF 425
<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

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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. Yates, Adolph, J, , Jr, MD,FAA		Date of Receipt MM / DD / YYYY 05 / 07 / 2021 Transaction ID : 10947123
Mailing Address 52 Mallard drive 5200 Centre Avenue		Amount of Each Receipt this Period 1000.00
City Pittsburgh	State PA	Zip Code 15238
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Univ of Pittsburgh Med Ctr	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. Lane, Joseph, M, , MD,FAAOS		Date of Receipt MM / DD / YYYY 05 / 07 / 2021 Transaction ID : 10947129
Mailing Address 535 E 86th St Apt 14F		Amount of Each Receipt this Period 250.00
City New York City	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Hosp for Special Surgery	Occupation (for Individual) Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lavery, Matthew, Ryan, , MD, FAAOS		Date of Receipt MM / DD / YYYY 05 / 07 / 2021 Transaction ID : 10947161
Mailing Address 4950 N Meridian St		Amount of Each Receipt this Period 1000.00
City Indianapolis	State IN	Zip Code 46208-2622
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) OrthoIndy	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	

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 200 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Olszewski, Albert, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 377 Orchard Ln
 City Kalispell State MT Zip Code 59904
 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 **05 / 07 / 2021**
Transaction ID : 10947162
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Leddy, Michael, J, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3444 Masonic Dr
 City Alexandria State LA Zip Code 71301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Louisiana Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 08 / 2021**
Transaction ID : 10947217
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Szczech, Bartlomiej, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Intervale Way
 City Lake Placid State NY Zip Code 12946-3240
 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 ▼ 500.00

Date of Receipt **05 / 08 / 2021**
Transaction ID : 10947218
 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 201 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mejia, Alfonso, , , MD,MPH,FAA
 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 ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2021
Transaction ID : 10947219
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Drinkwater, Christopher, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Barrington St
 City Rochester State NY Zip Code 14607-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 University of Rochester 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
 05 / 08 / 2021
Transaction ID : 10947220
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Clain, Michael, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Indian Head Rd
 City Riverside State CT Zip Code 06878-2403
 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2021
Transaction ID : 10947221
 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 202 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Silverman, Lance, M, , MD,FAOS
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
---------------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2021

Transaction ID : 10947222

Amount of Each Receipt this Period
250.00

Memo Item

B. Amadio, Peter, C, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 1st St S W

City Rochester	State MN	Zip Code 55905
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mayo Clinic	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
05		10		2021

Transaction ID : 10948691

Amount of Each Receipt this Period
500.00

Memo Item

C. Foley, James, Alexander, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1705 E Bristlecone Dr

City Hartland	State WI	Zip Code 53029
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopaedic Associates of Wisconsin	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
05		11		2021

Transaction ID : 10948702

Amount of Each Receipt this Period
1000.00

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 203 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Davidson, Marc, Romayne, , MD, FAAOS

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

Mailing Address 2088 Alpine Dr

City West Linn	State OR	Zip Code 97068
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Advantage Orthopedic & Sports Medicine	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
05		11		2021

Transaction ID : 10948703

Amount of Each Receipt this Period
1000.00

Memo Item

B. Nahigian, Kevin, K, , MD, FAAOS

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

Mailing Address 85 Red Bay Rd

City Elgin	State SC	Zip Code 29045-8684
---------------	-------------	------------------------

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

Name of Employer (for Individual) Carolina Shoulder & Knee Specialists	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
05		11		2021

Transaction ID : 10948704

Amount of Each Receipt this Period
84.00

Memo Item

C. Papp, Derek, F, , MD, FAAOS

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

Mailing Address 307 Little Miss Muffett Ln

City Key Largo	State FL	Zip Code 33037-3909
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Miami Orthopaedics and Sports Medicine	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
05		11		2021

Transaction ID : 10949000

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2084.00
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 204 OF 425
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bernard, Johnathan, , , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21549 Glebe View Dr
 City Broadlands State VA Zip Code 20148-3625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Sports Medicine Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 12 / 2021
Transaction ID : 10949006
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Marinello, Patrick, Gaetano, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 Bradhaven Rd
 City Slingerlands State NY Zip Code 12159-9369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Bone and Joint Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 12 / 2021
Transaction ID : 10949008
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Dodds, Julie, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1575 Ramblewood Dr
 City East Lansing State MI Zip Code 48823-6384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan State University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 12 / 2021
Transaction ID : 10949009
 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 205 OF 425
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Means, Kenneth, Robert, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 05 / 12 / 2021
Transaction ID : 10949010
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Braaton, Paul, J, , MD,FAAOS
 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 95355-3192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoMed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 12 / 2021
Transaction ID : 10949011
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Espinoza, Luis, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Savannah Ridge Lane
 City Metairie State LA Zip Code 70001
 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 05 / 12 / 2021
Transaction ID : 10949012
 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 206 OF 425
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	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Schneider, Scott, B, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1180 Mary Hill Circle

City Hartland	State WI	Zip Code 53029
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopaedic Associates of Wisconsin	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
05		12		2021

Transaction ID : 10949013

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 522 Eastbrook Rd

City Ridgewood	State NJ	Zip Code 07450-2110
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Active Orthopedics and Sports Medicine	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
05		12		2021

Transaction ID : 10949014

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 65 Starboard Reach

City Yarmouth	State ME	Zip Code 04096
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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
05		12		2021

Transaction ID : 10949015

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 207 OF 425
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	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mansfield, David, J, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5019 Montoya Rd
 City El Paso State TX Zip Code 79922-2031
 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 ▼ 420.00

Date of Receipt 05 / 12 / 2021
Transaction ID : 10949016
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Hogan, Kathleen, Anne, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 Castle Hill Rd
 City Windham State NH Zip Code 03087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NH Ortho Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2021
Transaction ID : 10949119
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Krueger, Chad, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 Kyle Dr
 City Ambler State PA Zip Code 19002-2531
 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 05 / 13 / 2021
Transaction ID : 10950041
 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 208 OF 425
	<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
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. James, Jeremy, R, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Briar Hollow St

City Covington	State LA	Zip Code 70433-4511
-------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2021

Transaction ID : 10950042

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 902 S Front St

City Philadelphia	State PA	Zip Code 19147-4304
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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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2021

Transaction ID : 10950222

Amount of Each Receipt this Period
84.00

Memo Item

C. Carter, Ralph, E, , III, MD, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 Sterling Ln

City Laurinburg	State NC	Zip Code 28352
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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
05		14		2021

Transaction ID : 10950223

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 209 OF 425
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	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Feighan, John, English, , MD,FAAOS
 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 05 / 14 / 2021
Transaction ID : 10950242
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Townsend, Peter, F, , MD, FAAOS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1941 Limestone Road Suite 101
 City Wilmington State DE Zip Code 19808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delaware Orthopaedic Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 14 / 2021
Transaction ID : 10950244
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kelly, John, D, , IV, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3210 Saw Mill Rd
 City Newtown Square State PA Zip Code 19073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pennsylvania Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 12 / 2021
Transaction ID : 10950819
 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 210 OF 425
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Schmidt, Christopher, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Murfield Ct
 City Bridgeville State PA Zip Code 15017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC Orthopaedic Specialist Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 12 / 2021
Transaction ID : 10950820
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Guevara, Benjamin, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 280 Remington Dr
 City Mandeville State LA Zip Code 70448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Health Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2021
Transaction ID : 10951309
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Killian, John, Thomas, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 314 Sterrett Ave
 City Birmingham State AL Zip Code 35209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedics For Kids, PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2021
Transaction ID : 10951314
 Amount of Each Receipt this Period 500.00
 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 211 OF 425
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Song, Suzette, J, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2864 Deer Chase Ln
 City York State PA Zip Code 17403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OSS Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 15 / 2021
Transaction ID : 10951316
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Grimm, Matthew, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Avenue B
 City Marrero State LA Zip Code 70072-3112
 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 05 / 16 / 2021
Transaction ID : 10951320
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Forman, Scott, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 High Water
 City Newport Coast State CA Zip Code 92657-2149
 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 05 / 16 / 2021
Transaction ID : 10951321
 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 212 OF 425
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. McCulloch, Patrick, T, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 307 Buckingham Drive

City Venetia	State PA	Zip Code 15367-2383
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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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2021

Transaction ID : 10951422

Amount of Each Receipt this Period
84.00

Memo Item

B. Greene, Robert, Neil, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1211 N 16th Ave

City Yakima	State WA	Zip Code 98902-1347
----------------	-------------	------------------------

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

Name of Employer (for Individual) Orthopedics Northwest PLLC	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
05		17		2021

Transaction ID : 10951423

Amount of Each Receipt this Period
84.00

Memo Item

C. Olsen, Adam, S, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3686 Washington Street
Apt 2520

City Boston	State MA	Zip Code 02130-3691
----------------	-------------	------------------------

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

Name of Employer (for Individual) Brigham and Women's Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2021

Transaction ID : 10951424

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
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 213 OF 425
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	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Merrell, Mark, Reid, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4920 W 24th Pl
 City Kennewick State WA Zip Code 99338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TriCity Ortho Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 14 / 2021**
Transaction ID : 10952098
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Hurt, James, A, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Freeland Lane
 City Clinton State MS Zip Code 39056
 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 ▼ 1000.00

Date of Receipt **05 / 17 / 2021**
Transaction ID : 10952116
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Guthrie, Stuart, Trent, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 417 Dubuar St
 City Northville State MI Zip Code 48167-1417
 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 ▼ 1000.00

Date of Receipt **05 / 17 / 2021**
Transaction ID : 10952183
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 214 OF 425
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	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Brooks, Fleming, Griffin, , MD,FAAOS

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

Mailing Address 10 Indigo Pl

City Enterprise	State AL	Zip Code 36330
--------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
05		17		2021

Transaction ID : 10952211

Amount of Each Receipt this Period
1000.00

Memo Item

B. Winston, Jonathan, , , MD

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

Mailing Address 4534 Shadowbrook Court

City Bettendorf	State IA	Zip Code 52722-6585
--------------------	-------------	------------------------

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

Name of Employer (for Individual) ORA Orthopaedics	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
05		18		2021

Transaction ID : 10952212

Amount of Each Receipt this Period
84.00

Memo Item

C. King, David, M, , MD,FAAOS

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

Mailing Address N21W29802 Glen Cove Rd

City Pewaukee	State WI	Zip Code 53072-4842
------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2021

Transaction ID : 10953061

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1584.00
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 215 OF 425
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Tyndall, William, A, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 123 Brittany Ln

City Holidaysburg	State PA	Zip Code 16648-9269
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University Orthopedics	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
05		19		2021

Transaction ID : 10953064

Amount of Each Receipt this Period
84.00

Memo Item

B. Woodcock, Jessica, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 122 Stillwood Ct

City New Bern	State NC	Zip Code 28560-8040
------------------	-------------	------------------------

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

Name of Employer (for Individual) Carolina Orthopedics and Sports Medici	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
05		19		2021

Transaction ID : 10953065

Amount of Each Receipt this Period
84.00

Memo Item

C. Cooper, Scott, Snow, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 NW A St
1101 Horsebarn Road

City Bentonville	State AR	Zip Code 72712-5216
---------------------	-------------	------------------------

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2021

Transaction ID : 10953066

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 216 OF 425
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	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Russell, George, V, , Jr, MD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 244 North Natchez Drive

City Madison	State MS	Zip Code 39110
-----------------	-------------	-------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2021

Transaction ID : 10953172

Amount of Each Receipt this Period
90.00

Memo Item

B. Charen, Jeffrey, H, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 May St Ste 202

City Edison	State NJ	Zip Code 08837
----------------	-------------	-------------------

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

Name of Employer (for Individual) Ortho Assoc of Central Jersey	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
05		04		2021

Transaction ID : 10953178

Amount of Each Receipt this Period
1000.00

Memo Item

C. Urband, Lindsey, , , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15066 Almond Orchard Lane Suite 403

City San Diego	State CA	Zip Code 92131
-------------------	-------------	-------------------

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

Name of Employer (for Individual) San Diego Hand Specialists	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
05		03		2021

Transaction ID : 10953181

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1174.00
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 217 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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. Engstrom, Stephen, Matthew, , MD

Mailing Address 9207 Duncaster Ct

City Brentwood State TN Zip Code 37027-1480

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

Name of Employer (for Individual) Vanderbilt Univ-Vanderbilt Ortho Inst 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
 05 / 04 / 2021

Transaction ID : 10953183

Amount of Each Receipt this Period
 84.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Hettrich, Carolyn, , , MD,MPH,FAA

Mailing Address 28A Miller Hill Rd

City Dover State MA Zip Code 02030-2332

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

Name of Employer (for Individual) Brigham and Women's Hospital 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
 05 / 05 / 2021

Transaction ID : 10953184

Amount of Each Receipt this Period
 84.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Samora, Julie, B, , MD,MPH,PhD

Mailing Address 5000 Slate Run Woods Court

City Upper Arlington State OH Zip Code 43220

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

Name of Employer (for Individual) Nationwide Children's 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
 05 / 05 / 2021

Transaction ID : 10953185

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1168.00

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 218 OF 425
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. McLaughlin, Jeffrey, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 W Ninth Ave Ste 125
 City Oshkosh State WI Zip Code 54904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kennedy Ctr for Hip & Knee, SC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2021
Transaction ID : 10953186
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Looby, Peter, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5021 S Old Yankton Pl
 City Sioux Falls State SD Zip Code 57108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sioux Falls Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 06 / 2021
Transaction ID : 10953189
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Savoie, Felix, H, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 Audubon Blvd
 City New Orleans State LA Zip Code 70118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tulane University School of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 05 / 06 / 2021
Transaction ID : 10953282
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7750.00
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 219 OF 425
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Sheehan, John, P, , MD,FAOS
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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2021

Transaction ID : 10953339

Amount of Each Receipt this Period
84.00

Memo Item

B. Igram, Cassim, M, , MD,FAOS
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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2021

Transaction ID : 10953340

Amount of Each Receipt this Period
1000.00

Memo Item

C. Migliori, Sidney, Premer, , MD,FAOS
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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2021

Transaction ID : 10953341

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
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 220 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Ritchie, William, L, , IV, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 Louisiana Blvd
 Ste 410
 City Albuquerque State NM Zip Code 87110-5412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 New Mexico Orthopaedics 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
 05 / 07 / 2021
Transaction ID : 10953343
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Chutkan, Norman, Barrington, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3002 N Manor Drive E
 City Phoenix State AZ Zip Code 85014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 The CORE Institute 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
 05 / 10 / 2021
Transaction ID : 10953344
 Amount of Each Receipt this Period
 84.00
 Memo Item

c. More, Robert, Cameron, , MD, FAAOS
 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 08822-4671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 MidJersey Orthopaedics 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
 05 / 10 / 2021
Transaction ID : 10953345
 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 221 OF 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Cimino, William, Gerard, , MD,FAAOS

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

Mailing Address 52 Beach Road
Suite 207

City Fairfield State CT Zip Code 06824-6017

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

Name of Employer (for Individual) Beach Road Orthopaedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
05 / 12 / 2021
Transaction ID : 10953346

Amount of Each Receipt this Period
84.00

Memo Item

B. Parsley, Brian, S, , MD,FAAOS

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

Mailing Address 302 Pine Shadows Dr
Suite 2400

City Houston State TX Zip Code 77056

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 ▼
420.00

Date of Receipt
05 / 13 / 2021
Transaction ID : 10953347

Amount of Each Receipt this Period
84.00

Memo Item

C. Damalas, Dino, , , MBA

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 ▼
420.00

Date of Receipt
05 / 13 / 2021
Transaction ID : 10953348

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 222 OF 425
	<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	

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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. Fragomen, Austin, Thomas, , MD,FAAOS

Mailing Address 48-25 64th St

City Woodside	State NY	Zip Code 11377
------------------	-------------	-------------------

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

Name of Employer (for Individual) Hospital for Special Surgery	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2021

Transaction ID : 10953349

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Spencer, Samantha, A, , MD,FAAOS

Mailing Address 9 Hawthorne Pl #8-M

City Boston	State MA	Zip Code 02114
----------------	-------------	-------------------

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

Name of Employer (for Individual) Children's Hospital Boston	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
05		12		2021

Transaction ID : 10953350

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Raven, Raymond, B, , III, MD,MB

Mailing Address 2625 W Alameda Ste 116

City Burbank	State CA	Zip Code 91506
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Raven Orthopaedics, Inc	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2021

Transaction ID : 10953351

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6100.00
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 223 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Roberson, Rowland, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 641 N Lamar Blvd
 City Oxford State MS Zip Code 38655-3235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Specialty Orthopedic Group 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
 05 / 14 / 2021
Transaction ID : 10953352
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Lisella, Jordan, Mills, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Turner Lane
 City Loudonville State NY Zip Code 12211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region Orthopaedic Group 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
 05 / 14 / 2021
Transaction ID : 10953353
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Zanaros, George, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Shaker Bay Rd
 City Latham State NY Zip Code 12110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region Orthopaedic Group 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
 05 / 14 / 2021
Transaction ID : 10953354
 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 224 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Preston, Charles, , , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2568 Joseph Dr

City Alamo	State CA	Zip Code 94507-2213
---------------	-------------	------------------------

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

Name of Employer (for Individual) Muir Orthopedic Specialists	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
05		14		2021

Transaction ID : 10953355

Amount of Each Receipt this Period
1000.00

Memo Item

B. Chapman, Cary, B, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10903 Blue Palm Street

City Plantation	State FL	Zip Code 33324-8234
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Miami Orthopedics & Sports Medicine In	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
05		21		2021

Transaction ID : 10953986

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 90 Fairlawn Dr

City Amherst	State NY	Zip Code 14226-3422
-----------------	-------------	------------------------

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 ▼
415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2021

Transaction ID : 10953987

Amount of Each Receipt this Period
83.00

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 225 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Stronach, Benjamin, M, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Piedmont Ln

City Little Rock	State AR	Zip Code 72223-2232
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Univ of Arkansas	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
05		21		2021

Transaction ID : 10953988

Amount of Each Receipt this Period
250.00

Memo Item

B. Oberste, David, Jason, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4504 Rockbridge Hollow

City Tallahassee	State FL	Zip Code 32309
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Tallahassee Orthopedic Clinic III PL	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
05		21		2021

Transaction ID : 10954339

Amount of Each Receipt this Period
250.00

Memo Item

C. Schuler, Thomas, C, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11800 Sunrise Valley Drive

City Reston	State VA	Zip Code 20191
----------------	-------------	-------------------

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

Name of Employer (for Individual) Virginia Spine Institute	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
05		21		2021

Transaction ID : 10955416

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 226 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Sherbondy, Paul, Strawn, , MD, FAAOS

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

Mailing Address 507 Beaumont Dr

City State College	State PA	Zip Code 16801-8311
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Penn State Health	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
 05 / 22 / 2021

Transaction ID : 10955417

Amount of Each Receipt this Period
84.00

Memo Item

B. Kirol, Bernard, G, , MD, FAAOS

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

Mailing Address 338 Turnwall Ln

City Elgin	State SC	Zip Code 29045-9507
---------------	-------------	------------------------

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 ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2021

Transaction ID : 10955419

Amount of Each Receipt this Period
75.00

Memo Item

C. Veitch, Andrew, John, , MD,FAAOS

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 87111-7154
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of New Mexico, Dept of Orth	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
 05 / 22 / 2021

Transaction ID : 10955420

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	243.00
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 227 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Hire, Justin, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3617 Ault Park Ave
 City Cincinnati State OH Zip Code 45208-1701
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Dwight David Eisenhower Army Medical C Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 22 / 2021
Transaction ID : 10955421
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Fogle, Evander, F, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5671 Peachtree Dunwoody Rd Suite 700
 City Atlanta State GA Zip Code 30042
 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 ▼ 1100.00

Date of Receipt 05 / 22 / 2021
Transaction ID : 10955425
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Womack, Michael, Shay, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 440 Oakmont Circle
 City Marietta State GA Zip Code 30067
 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 ▼ 350.00

Date of Receipt 05 / 22 / 2021
Transaction ID : 10955427
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1392.00
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 228 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Hunt, Stephen, Austin, , MD, FAAOS

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

Mailing Address 7 Pheasant Run Dr

City Basking Ridge	State NJ	Zip Code 07920
-----------------------	-------------	-------------------

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
05		23		2021

Transaction ID : 10955428

Amount of Each Receipt this Period
250.00

Memo Item

B. Friedmann, Elizabeth, , , MD

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

Mailing Address 4123 TottenHam St
Apt 210

City Frederick	State MD	Zip Code 21704-7302
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Maryland	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
05		23		2021

Transaction ID : 10955429

Amount of Each Receipt this Period
84.00

Memo Item

C. Florack, Thomas, M, , MD,FAAOS

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

Mailing Address 2083 Lost Dauphin Rd

City De Pere	State WI	Zip Code 54115-1605
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Prevea Clinic	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
05		23		2021

Transaction ID : 10955431

Amount of Each Receipt this Period
500.00

Memo Item

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 229 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Grimm, Bennett, Douglas, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Springdale Rd NE
 City Atlanta State GA Zip Code 30306
 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 ▼ 500.00

Date of Receipt 05 / 23 / 2021
Transaction ID : 10955433
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Navarro, Ronald, Anthony, , MD,FAAOS
 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 ▼ 420.00

Date of Receipt 05 / 24 / 2021
Transaction ID : 10955434
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Gerlinger, COL. (ret) Tad, L, , MD, FAAOS
 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 ▼ 500.00

Date of Receipt 05 / 24 / 2021
Transaction ID : 10955435
 Amount of Each Receipt this Period 250.00
 Memo Item

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 230 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Osborn, Keith, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2011 Summit Overlook Way
 City Cumming State GA Zip Code 30041
 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 05 / 21 / 2021
Transaction ID : 10956044
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cooke, Christopher, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Lark Lane
 City Lancaster State PA Zip Code 17603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortho Assoc Lancaster Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2021
Transaction ID : 10956045
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kolowich, Patricia, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20570 Woodcreek Blvd
 City Northville State MI Zip Code 48167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2021
Transaction ID : 10956046
 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 231 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kofoed, John, Charles, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2619 Seminole Ct
 City Fairfield State CA Zip Code 94534-7871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sutter Medical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 05 / 21 / 2021
Transaction ID : 10956047
 Amount of Each Receipt this Period 89.00
 Memo Item

B. Bernholt, David, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3126 Chapel Woods Cv
 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 ▼ 208.35

Date of Receipt 05 / 21 / 2021
Transaction ID : 10956052
 Amount of Each Receipt this Period 41.67
 Memo Item

c. Bettin, Clayton, Charles, , MD,FAAOS
 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) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 21 / 2021
Transaction ID : 10956053
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	172.34
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 232 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Calandrucchio, James, H, , MD, FAAOS

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) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
05 / 21 / 2021
Transaction ID : 10956054

Amount of Each Receipt this Period
41.67

Memo Item

B. Crockarell, John, R, , Jr, MD, FA

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) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
05 / 21 / 2021
Transaction ID : 10956055

Amount of Each Receipt this Period
41.67

Memo Item

C. Gear, Benjamin, J, , MD,FAAOS

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

Mailing Address 219 Lagrange Creek Drive

City Eads State TN Zip Code 38028

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 ▼
208.35

Date of Receipt
05 / 21 / 2021
Transaction ID : 10956057

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 233 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Guyton, James, L, , MD, FAAOS
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) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2021

Transaction ID : 10956058

Amount of Each Receipt this Period
41.67

Memo Item

B. Harkess, James, W, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9566 Fox Hill Circle S

City Germantown	State TN	Zip Code 38139
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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 ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2021

Transaction ID : 10956059

Amount of Each Receipt this Period
41.67

Memo Item

C. Heck, Robert, Kurt, , Jr, MD, FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4938 Barfield Rd

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 ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2021

Transaction ID : 10956060

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 234 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kelly, Derek, Michael, , MD, FAAOS
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 ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2021

Transaction ID : 10956061

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 4079 Barfield 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 ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2021

Transaction ID : 10956064

Amount of Each Receipt this Period
41.67

Memo Item

C. Murphy, Garnett, Andrew, , MD, FAAOS
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
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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 ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2021

Transaction ID : 10956065

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 235 OF 425
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	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Richardson, David, R, , MD,FAAOS
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 ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2021

Transaction ID : 10956067

Amount of Each Receipt this Period
41.67

Memo Item

B. Rudloff, Matthew, Ian, , MD, FAAOS
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 ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2021

Transaction ID : 10956068

Amount of Each Receipt this Period
41.67

Memo Item

C. Sawyer, Jeffrey, R, , MD, FAAOS
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 ▼
208.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2021

Transaction ID : 10956069

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: PAGE 236 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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. Sheffer, Benjamin, West, , MD, FAAOS

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 ▼
 208.35

Date of Receipt
 05 / 21 / 2021
Transaction ID : 10956070

Amount of Each Receipt this Period
 41.67

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Thompson, Norfleet, Buckner, , MD, FAAOS

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 ▼
 208.35

Date of Receipt
 05 / 21 / 2021
Transaction ID : 10956072

Amount of Each Receipt this Period
 41.67

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Throckmorton, Thomas, Ward, , MD, FAAOS

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 ▼
 208.35

Date of Receipt
 05 / 21 / 2021
Transaction ID : 10956073

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: PAGE 237 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Warner, William, C, , Jr, MD, FA
 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 21 / 2021
Transaction ID : 10956074
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Weinlein, John, C, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 Valleybrook Dr
 City Memphis State TN Zip Code 38120-2707
 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 ▼ 208.35

Date of Receipt 05 / 21 / 2021
Transaction ID : 10956075
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Williams, Keith, D, , MD, FAAOS
 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 ▼ 208.35

Date of Receipt 05 / 21 / 2021
Transaction ID : 10956076
 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 238 OF 425
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Nordt, John, Charles, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4720 Le Jeune Rd
 City Coral Gables State FL Zip Code 33146-1817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spine Center Miami Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2021
Transaction ID : 10956111
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bernasek, Thomas, L, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5820 Mariner Street
 City Tampa State FL Zip Code 33609
 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 05 / 21 / 2021
Transaction ID : 10956112
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Binitie, Odion, T, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2573 W Platt St
 City Tampa State FL Zip Code 33609
 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 05 / 21 / 2021
Transaction ID : 10956113
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 239 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Lucie, R, Stephen, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3935 Otega Blvd

City Jacksonville	State FL	Zip Code 32210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Jacksonville Orthopaedic Institute	Occupation (for Individual) Orthopaedic Surgeon
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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
05		21		2021

Transaction ID : 10956114

Amount of Each Receipt this Period
250.00

Memo Item

B. Kupiszewski, Stanley, J, , MD, FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1651 Apache Trail

City Maitland	State FL	Zip Code 32751
------------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2021

Transaction ID : 10956115

Amount of Each Receipt this Period
1000.00

Memo Item

C. Lyons, Steven, Thomas, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12927 Darby Ridge Dr

City Tampa	State FL	Zip Code 33624-4319
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Florida Orthopaedic Institute	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
05		21		2021

Transaction ID : 10956116

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 240 OF 425
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	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Grayson, Chris, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36413 US Hwy 19 North
 City Palm Harbor State FL Zip Code 34684-1329
 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 05 / 21 / 2021
Transaction ID : 10956121
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Trask, Dane, C, , MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Ortho Florida 751 Park of Commerce Dr, Ste 112
 City Boca Raton State FL Zip Code 33487-3622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortho Florida LLC Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 21 / 2021
Transaction ID : 10956126
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Marquardt, John, D, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 Devon Dr
 City Clearwater Beach State FL Zip Code 33767-2438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) James A Haley VA Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 05 / 21 / 2021
Transaction ID : 10956127
 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 241 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Farmer, Kevin, W, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 734 SW 134th Way
 City Newberry State FL Zip Code 32669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of FL Department of Orthopa 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
 05 / 21 / 2021
Transaction ID : 10956128
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Bryan, James, McMaster, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Pelican Circle
 City Daytona Beach State FL Zip Code 32118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Clinic of Daytona Beach Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2021
Transaction ID : 10956129
 Amount of Each Receipt this Period
 475.00
 Memo Item

C. Gonzalez, Julio, , , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 Bayside Dr
 City Venice State FL Zip Code 34285
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Center of Venice 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
 05 / 21 / 2021
Transaction ID : 10956130
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1475.00
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 242 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Canizares, George, H, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4251 42nd Ave South

City Saint Petersburg	State FL	Zip Code 33711
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) All Florida Orthopaedic Associates	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
05		21		2021

Transaction ID : 10956131

Amount of Each Receipt this Period
250.00

Memo Item

B. LaPorte, Jeffrey, M, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5202 Laree Ct

City Missoula	State MT	Zip Code 59803
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Missoula Bone and Joint	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
05		24		2021

Transaction ID : 10956389

Amount of Each Receipt this Period
1000.00

Memo Item

C. Botker, Jesse, Cole, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 Hidden Oaks Circle

City Mankato	State MN	Zip Code 56001
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopaedic and Fracture Clinic	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
05		25		2021

Transaction ID : 10956391

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 243 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Swenning, Todd, Allen, , MD, FAAOS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41970 Rancho Manana Lane

City Rancho Mirage	State CA	Zip Code 92270
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2021

Transaction ID : 10956393

Amount of Each Receipt this Period
83.33

Memo Item

B. Martin, Joseph, G, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2300 53rd Ave Ste 100

City Bettendorf	State IA	Zip Code 52722-7565
--------------------	-------------	------------------------

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

Name of Employer (for Individual) ORA 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
05		25		2021

Transaction ID : 10957139

Amount of Each Receipt this Period
1000.00

Memo Item

C. Rubery, Paul, T, , Jr, MD, FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 149 Taylor Rd

City Honeoye Falls	State NY	Zip Code 14472-9732
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Rochester Med Ctr, Dept of Ortho	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
05		25		2021

Transaction ID : 10958070

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1583.33
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 244 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Burns, Sean, Thomas, , MD, FAAOS

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

Mailing Address 4502 Masters Dr

City League City	State TX	Zip Code 77573
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Concord Orthopaedics, PA	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
05		26		2021

Transaction ID : 10958076

Amount of Each Receipt this Period
1000.00

Memo Item

B. Beltran, Michael, John, , MD, FAAOS

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

Mailing Address UC Dept of Orthopaedic Surgery
231 Albert Sabin Way Room 5553

City Cincinnati	State OH	Zip Code 45267-0212
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Department of Orthopaedics and Rehabil	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
05		26		2021

Transaction ID : 10958077

Amount of Each Receipt this Period
84.00

Memo Item

C. Mitros, Stephen, F, , MD, FAAOS

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
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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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2021

Transaction ID : 10958078

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1168.00
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 245 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. DiFelice, Angelo, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Old Saddle Lane
 City Alpharetta State GA Zip Code 30004
 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 ▼ 1500.00

Date of Receipt 05 / 26 / 2021
Transaction ID : 10958083
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. Gibbons, Timothy, Allen, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13514 Thrush Ave
 City Mason City State IA Zip Code 50401-8710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mason City Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 26 / 2021
Transaction ID : 10958317
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Robie, David, B, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6585 Plesenton Dr S
 City Worthington State OH Zip Code 43085-2944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic One Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 26 / 2021
Transaction ID : 10958592
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 246 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Melvin, James, Stuart, , III, MD, F
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2021
Transaction ID : 10958595
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Bercik, Robert, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 549 Kuanana St
 City Paia State HI Zip Code 96779-9622
 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 M / D D D / Y Y Y Y Y Y
 05 / 26 / 2021
Transaction ID : 10958606
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Sraj, Shafic, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1114 Steeplechase Dr
 City Morgantown State WV Zip Code 26508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Virginia University 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
 05 / 26 / 2021
Transaction ID : 10958612
 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 247 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Murphy, Brian, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3803 Highknob Circle
 City Naperville State IL Zip Code 60564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M & M Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 26 / 2021
Transaction ID : 10958615
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. DeBritz, James, Nicholas, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5405 Brookeway Dr
 City Bethesda State MD Zip Code 20816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Faculty Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2021
Transaction ID : 10958620
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Chihlas, Christopher, N, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 River Farm Drive
 City East Greenwich State RI Zip Code 02818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southcoast Physicians Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 26 / 2021
Transaction ID : 10958623
 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 248 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Randell, Timothy, Ryan, , MD, FAAOS

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

Mailing Address 144 J D Pt

City Boyce	State LA	Zip Code 71409
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Central Louisiana Surgical 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
05	/	26	/	2021

Transaction ID : 10958626

Amount of Each Receipt this Period
1000.00

Memo Item

B. Gramstad, Gregory, D, , MD, FAAOS

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

Mailing Address 6702 SW Canyon Crest Dr

City Portland	State OR	Zip Code 97225
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rebound Orthopedics & Neurosurgery	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
05	/	27	/	2021

Transaction ID : 10958628

Amount of Each Receipt this Period
250.00

Memo Item

C. Eckrich, Stephen, G J, , MD,FAAOS

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

Mailing Address 5511 Shooting Star Trail

City Rapid City	State SD	Zip Code 57702
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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

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2021

Transaction ID : 10958631

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 249 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Baker, Donald, Earl, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 Little Creek Road
 City Flowood State MS Zip Code 39232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Merit Health Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2021
Transaction ID : 10958632
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Nagamani, Kevin, K, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11902 E Lake Cr
 City Greenwood Village State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 05 / 27 / 2021
Transaction ID : 10958633
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Costouros, John, G, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1790 Forest View Avenue
 City Hillsborough State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stanford University Department of Orth Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 27 / 2021
Transaction ID : 10958806
 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 250 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Noonan, J, Christopher, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 342 E Pace Ln
 City North Salt Lake State UT Zip Code 84054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Good Samaritan Regional Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2021
Transaction ID : 10958974
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Duncan, J, Wendell, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7543 Lakeside Dr
 City Appling State GA Zip Code 30802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Augusta Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2021
Transaction ID : 10958977
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Hanson, Eric, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1630 E Herndon Ave Ste 202
 City Fresno State CA Zip Code 93720-3305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fresno Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2021
Transaction ID : 10959337
 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 251 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Stetson, William, B, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Strawberry Ln
 City Rolling Hills Estate State CA Zip Code 90274-4111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stetson Lee Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2021
Transaction ID : 10959339
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bell, Robert, Randolph, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Auburndale Dr
 City St Louis State MO Zip Code 63141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates of St Louis Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 05 / 27 / 2021
Transaction ID : 10959342
 Amount of Each Receipt this Period 1001.00
 Memo Item

C. Johnson, Adam, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6411 Mulligans Rd
 City Farmington State NM Zip Code 87402-4869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2021
Transaction ID : 10959344
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3001.00
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 252 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Juelson, Timothy, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3512 Roosevelt Dr
 City Bismarck State ND Zip Code 58503-5853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Bone & Joint Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2021
Transaction ID : 10959468
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Pushkarewicz, Michael, J, , MD, FAAOS,
 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 ▼ 210.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959469
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Gary, Joshua, Layne, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 951 Descanso Drive
 City La Canada Flintridge State CA Zip Code 91011-3820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keck School of Medicine of USC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959470
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1126.00
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 253 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Carolan, Gregory, Francis, , MD,FAAOS

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2021

Transaction ID : 10959471

Amount of Each Receipt this Period
84.00

Memo Item

B. Torres, Daniel, , , MD, FAAOS

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

Mailing Address 1488 Shelburne Ct

City Allentown	State PA	Zip Code 18104-1949
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Lehigh Valley Practioner Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2021

Transaction ID : 10959472

Amount of Each Receipt this Period
85.00

Memo Item

c. Chandler, David, R, , MD,FAAOS

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 32561-4899
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Andrews Institute For Orthopaedics & S	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
05		28		2021

Transaction ID : 10959473

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	253.00
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 254 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Allard, Mark, Michael, , MD,FAAOS
 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 ▼ 420.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959474
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Huddleston, Paul, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31219 Lakeview Ave
 City Red Wing State MN Zip Code 55066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959475
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Tracey, Robert, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Walker Road
 City Great Falls State VA Zip Code 22066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Walter Reed National Military Medical Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959476
 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: PAGE 255 OF 425 (check only one)
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Connair, Michael, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Old Hartford Turnpike
 City Hamden State CT Zip Code 06517
 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 05 / 28 / 2021
Transaction ID : 10959477
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Porter, Scott, Edward, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1420 Jonesville Road
 City Simpsonville State SC Zip Code 29681-4411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prisma Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959478
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Hoedt, Christen, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 973 Vinings Blvd
 City Gallatin State TN Zip Code 37066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cooper Orthopaedics Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959479
 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 256 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Reid, J, Spence, , MD,FAAOS

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

Mailing Address 500 University Drive
Department of Orthopaedics

City Hershey	State PA	Zip Code 17036
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Penn State	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
 05 / 28 / 2021

Transaction ID : 10959480

Amount of Each Receipt this Period
84.00

Memo Item

B. Giuseffi, Steven, A, , MD,FAAOS

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

Mailing Address 4784 Enchanted Pines Dr

City Rapid City	State SD	Zip Code 57701
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Black Hills Orthopedic and Spine Cente	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
 05 / 28 / 2021

Transaction ID : 10959481

Amount of Each Receipt this Period
84.00

Memo Item

C. Carlson, Joseph, W, , MD, FAAOS

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

Mailing Address 9515 Sibley Dr

City Bismarck	State ND	Zip Code 58504
------------------	-------------	-------------------

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 ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2021

Transaction ID : 10959485

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1668.00
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 257 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Todd, Michael, S, , DO,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16533 Glendale Dr
 City Westfield State IN Zip Code 46074-7004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State University-Dept Orthopaedic 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
 05 / 28 / 2021
Transaction ID : 10959636
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Sinclair, Micah, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 532 E. 54th Street
 City Kansas City State MO Zip Code 64110-2410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Mercy Hospitals & Clinics 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
 05 / 28 / 2021
Transaction ID : 10959638
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Christensen, Christian, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 Lakewood Ln
 City Lexington State KY Zip Code 40502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bluegrass Orthopedics 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
 05 / 28 / 2021
Transaction ID : 10959640
 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 258 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Langenderfer, Matthew, A, , MD, FAAOS

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

Mailing Address 11221 Grandon Ridge Circle

City Cincinnati	State OH	Zip Code 45249
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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 M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2021

Transaction ID : 10959642

Amount of Each Receipt this Period
1000.00

Memo Item

B. McCrosson, John, J, , MD,FAAOS

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) Charleston Hip & Knee Replacement Cent	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
05	/	28	/	2021

Transaction ID : 10959644

Amount of Each Receipt this Period
1000.00

Memo Item

C. Kain, Michael, S, , MD, FAAOS

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

Mailing Address 16 Blossom St

City Lexington	State MA	Zip Code 02421
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lahey Clinic	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
05	/	28	/	2021

Transaction ID : 10959646

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 259 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mileski, Robert, Allen, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8555 E Voltaire

City Scottsdale	State AZ	Zip Code 85260
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Phoenix Orthopedic Group	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
05		28		2021

Transaction ID : 10959649

Amount of Each Receipt this Period
250.00

Memo Item

B. Foley, John, V, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 230 Juniper Hill Rd

City Reno	State NV	Zip Code 89519
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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 M	/	D D D	/	Y Y Y Y Y Y
05		28		2021

Transaction ID : 10959651

Amount of Each Receipt this Period
250.00

Memo Item

C. Neilson, John, Curtis, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 Indianwood Dr

City Brookfield	State WI	Zip Code 53005
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Med Col of Wisconsin Hosp	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
05		28		2021

Transaction ID : 10959653

Amount of Each Receipt this Period
300.00

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 260 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Samuelson, Thomas, S, , MD, FAAOS

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

Mailing Address 12101 Catalina St

City Leawood	State KS	Zip Code 66209
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Signature Medical Group of KC	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
 05 / 28 / 2021

Transaction ID : 10959659

Amount of Each Receipt this Period
500.00

Memo Item

B. Feibel, Jonathan, Barnett, , MD, FAAOS

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

Mailing Address 270 Glenmont Ave

City Columbus	State OH	Zip Code 43212
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopedic One	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
 05 / 28 / 2021

Transaction ID : 10959662

Amount of Each Receipt this Period
1000.00

Memo Item

C. Granberry, Michael, Lee, , MD, FAAOS

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
----------------	-------------	-------------------

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

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
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2021

Transaction ID : 10959666

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 261 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Singer, Ira, Joel, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1282 Anthony Road
 City Portsmouth State RI Zip Code 02871
 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 M / D D D / Y Y Y Y Y Y
 05 / 28 / 2021
Transaction ID : 10959669
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Frankle, Mark, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 915 Mooring Circle
 City Tampa State FL Zip Code 33602-5757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Florida Ortho Institute 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
 05 / 28 / 2021
Transaction ID : 10959671
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Fischer, Stuart, James, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 Overlook Rd, #301
 City Summit State NJ Zip Code 07901-3563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Summit Orthopaedics and Sports Medicin 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
 05 / 28 / 2021
Transaction ID : 10959673
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 262 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Olsewski, John, M., MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Rivers Edge Drive #407
 City Tarrytown State NY Zip Code 10591-7514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montefiore Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959687
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. DeMaio, Marlene, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3131 Walnut St Apt 405
 City Philadelphia State PA Zip Code 19104-3423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pennsylvania Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959693
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Starks, Alexandria, O., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Sloan St
 City Lititz State PA Zip Code 17543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates of Lancaster Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959694
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 263 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Heaps, Robert, J., MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 Colonel Daniels Dr
 City Bedford State NH Zip Code 03110-5010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 New Hampshire Orthopaedic Center 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
 05 / 28 / 2021
Transaction ID : 10959701
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Hogan, Craig, A., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18023 East Peakview Place
 City Aurora State CO Zip Code 80016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 University of Colorado Hospital 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
 05 / 28 / 2021
Transaction ID : 10959730
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Jacobson, William, Charles, MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31370 Ashworth Rd
 City Waukee State IA Zip Code 50263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Capital Ortho & Sports Medicine 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
 05 / 28 / 2021
Transaction ID : 10959732
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 264 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Amin, Tanay, J, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9165 W Thunderbird Rd Suite 200

City Peoria	State AZ	Zip Code 85381
----------------	-------------	-------------------

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

Name of Employer (for Individual) Banner Health	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
05		28		2021

Transaction ID : 10959734

Amount of Each Receipt this Period
1500.00

Memo Item

B. Payne, S, Houston, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 503 N Highland Ave NE

City Atlanta	State GA	Zip Code 30307
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Georgia Hand Shoulder and Elbow	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
05		28		2021

Transaction ID : 10959740

Amount of Each Receipt this Period
500.00

Memo Item

C. Parker, Larry, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Asbury Road Southeast

City Huntsville	State AL	Zip Code 35801
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Crestwood Medical Center	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
05		28		2021

Transaction ID : 10959745

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 265 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kam, Benjamin, C., Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1325 Old Ranch Rd
 City Colorado Springs State CO Zip Code 80921-3608
 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 500.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959747
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Orfaly, Robert, M., MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13593 Streamside Dr
 City Lake Oswego State OR Zip Code 97035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oregon Health & Science University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959753
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Dahl, Brian, Phillip, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3713 Clairmont Rd
 City Bismarck State ND Zip Code 58503-9083
 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 05 / 28 / 2021
Transaction ID : 10959759
 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 266 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Nash, John, P, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 790 Latitude Cr

City Chattanooga	State TN	Zip Code 37402-2574
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Chattanooga Orthopaedic Group	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
05		28		2021

Transaction ID : 10959761

Amount of Each Receipt this Period
500.00

Memo Item

B. Nayak, Suresh, , , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8107 Wycliffe Dr

City Cincinnati	State OH	Zip Code 45244
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wilmington 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
05		28		2021

Transaction ID : 10959763

Amount of Each Receipt this Period
1000.00

Memo Item

c. Elenz, Douglas, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 W 38th St
Ste 300

City Austin	State TX	Zip Code 78705
----------------	-------------	-------------------

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
05		28		2021

Transaction ID : 10959765

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 267 OF 425
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	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Cushman, Michael, Allan, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1989 Hunterbrook Rd

City Yorktown Heights	State NY	Zip Code 10598-6233
--------------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
05		28		2021

Transaction ID : 10959771

Amount of Each Receipt this Period
1000.00

Memo Item

B. Marinello, Patrick, Gaetano, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43 Bradhaven Rd

City Slingerlands	State NY	Zip Code 12159-9369
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Bone and Joint Center	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2021

Transaction ID : 10959773

Amount of Each Receipt this Period
100.00

Memo Item

C. Minor, Frank, Weber, , Sr, MD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13397 Loma Rica Dr

City Grass Valley	State CA	Zip Code 95945
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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
05		28		2021

Transaction ID : 10959774

Amount of Each Receipt this Period
500.00

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 268 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Sewell, Dan, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3205 Canterbury Drive S
 City Salem State OR Zip Code 97302-5937
 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 05 / 28 / 2021
Transaction ID : 10959776
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Kim, Stephen, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3183 Powers Ford
 City Marietta State GA Zip Code 30067
 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 ▼ 1000.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959784
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kolavo, Jerome, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27650 Ferry Rd Ste 100
 City Warrenville State IL Zip Code 60555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cadence Physician Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959786
 Amount of Each Receipt this Period 500.00
 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 269 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Evans, Von, L, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 Old Highway 1187
 City Burleson State TX Zip Code 76028-0281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lone Star Orthopedics and Spine Specia 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
 05 / 28 / 2021
Transaction ID : 10959788
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Grosso, Nicholas, P, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10113 Lakeside Ct
 City Ellicott City State MD Zip Code 21042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Centers for Advanced Orthopaedics 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
 05 / 28 / 2021
Transaction ID : 10959792
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Schwappach, John, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 Forest St
 City Denver State CO Zip Code 80220-5753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Denver Metro Orthopedics, PC 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
 05 / 28 / 2021
Transaction ID : 10959794
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 270 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Schultz, Richard, B, , MD, FAAOS

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

Mailing Address 4081 CR 233

City Florence	State TX	Zip Code 76527-4111
------------------	-------------	------------------------

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

Name of Employer (for Individual) Servant Ingenuity Health	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
05		28		2021

Transaction ID : 10959798

Amount of Each Receipt this Period
500.00

Memo Item

B. Gordon, Leonard, , , MD, FAAOS

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

Mailing Address Post St Surgery Center
2299 Post St Ste 103

City San Francisco	State CA	Zip Code 94115-3443
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Post St Surgery Center	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
05		28		2021

Transaction ID : 10959807

Amount of Each Receipt this Period
1000.00

Memo Item

c. Kendall, Corey, B, , MD, FAAOS

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

Mailing Address 10060 Sanctuary Dr

City Brownsburg	State IN	Zip Code 46112-7624
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OrthoIndy	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
05		28		2021

Transaction ID : 10959811

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 271 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Axelrad, Thomas, William, , MD, PhD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1136 Beaver Street
 City Santa Rosa State CA Zip Code 95404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Charles Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959813
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bilbrew, Lattisha, Latoya, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1710 Mountain Shadow
 City Stone Mountain State GA Zip Code 30087
 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 ▼ 352.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959817
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Jakoi, Andre, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1950 Diamond Pkwy #100
 City Kansas City State KS Zip Code 64116-4321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Drisko Fee & Parkins Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959819
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 272 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Urrea, Luis, H, , II, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5009 Vista Del Monte
 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 ▼ 500.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959821
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Newton, Peter, O, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3020 Children's Way, MC 5062
 City San Diego State CA Zip Code 92123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of San Diego Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959823
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Morgan, Steven, Braxton, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1222 San Saba Ct
 City Allen State TX Zip Code 75013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoTexas Physicians & Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 28 / 2021
Transaction ID : 10959825
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 273 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Shah, Roshan, P, , MD,JD,FAAO
 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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2021

Transaction ID : 10959828

Amount of Each Receipt this Period
1000.00

Memo Item

B. Bawa, Maneesh, , , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1162 Wilbur Ave

City San Diego	State CA	Zip Code 92109
-------------------	-------------	-------------------

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

Name of Employer (for Individual) San Diego Orthopaedic Associates	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
 05 / 28 / 2021

Transaction ID : 10959831

Amount of Each Receipt this Period
1000.00

Memo Item

c. Lepse, Peter, S, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3531 Lincolnshire Rd

City Topeka	State KS	Zip Code 66614
----------------	-------------	-------------------

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

Name of Employer (for Individual) Stormont Vail Health Care	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
 05 / 28 / 2021

Transaction ID : 10959832

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 274 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Cooper, Jerald, L., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7601 W Jefferson Blvd
 City Fort Wayne State IN Zip Code 46804
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2021
Transaction ID : 10959834
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Bulloch, R, Brian, MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 Louisville Ave
 City Monroe State LA Zip Code 71201-2005
 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 M / D D D / Y Y Y Y Y Y
 05 / 28 / 2021
Transaction ID : 10959839
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Roberts, Zachary, V., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2914 W 92nd Terr
 City Leawood State KS Zip Code 66206-1806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Health of Kansas City 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
 05 / 28 / 2021
Transaction ID : 10959843
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 275 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Reddy, Ashok, Satty, , MD, FAAOS

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

Mailing Address 5505 Peachtree Dunwoody Rd Suite 6

City Atlanta	State GA	Zip Code 30319
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Peachtree Ortho Clinic	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
 05 / 28 / 2021

Transaction ID : 10959847

Amount of Each Receipt this Period
500.00

Memo Item

B. Noonan, Thomas, John, , MD, FAAOS

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

Mailing Address 101 Falcon Hills Dr

City Highlands Ranch	State CO	Zip Code 80126
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Steadman Hawkins Clinic	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
 05 / 29 / 2021

Transaction ID : 10959849

Amount of Each Receipt this Period
500.00

Memo Item

C. Bradley, Jeffrey, M, , MD

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

Mailing Address 8800 Aberdeen Dr

City Leawood	State KS	Zip Code 66206-1614
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Drisko, Fee, and Parkins	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
 05 / 29 / 2021

Transaction ID : 10959851

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 276 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Hanna, Mark, Wesley, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1193 Angelo Ct

City Atlanta	State GA	Zip Code 30319
-----------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2021

Transaction ID : 10959856

Amount of Each Receipt this Period
1000.00

Memo Item

B. Davis, Jason, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3300 Timberlake Dr

City Commerce Township	State MI	Zip Code 48390
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) Henry Ford Health System	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
05		29		2021

Transaction ID : 10959860

Amount of Each Receipt this Period
300.00

Memo Item

C. Nelson, Bradley, J, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6820 Valley View Road

City Edina	State MN	Zip Code 55439
---------------	-------------	-------------------

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

Name of Employer (for Individual) University of Minnesota	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
05		29		2021

Transaction ID : 10959865

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1550.00
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 277 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Gialamas, Gus, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 653 Camino De Los Mares
 Ste 109
 City San Clemente State CA Zip Code 92673-2808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seaview Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 29 / 2021
Transaction ID : 10959867
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Eggers, John, Paul, , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7725 N Hull Ave
 City Kansas City State MO Zip Code 64151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortho Health of Kansas City Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2021
Transaction ID : 10959869
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Purnell, Michael, B, , MD,FAAOS
 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 95355-3192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthomed Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 29 / 2021
Transaction ID : 10959877
 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 278 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Wohlrab, Kurt, Patrick, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 Woodenbridge Lane
 City Pinehurst State NC Zip Code 28374-8642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pinehurst Surgical 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
 05 / 29 / 2021
Transaction ID : 10959879
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Nelson, Daniel, Richard, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 869 E Sawgrass Trl
 City North Sioux City State SD Zip Code 57049-5198
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2021
Transaction ID : 10959883
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Barry, Jason, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 365 Bergamot Dr
 City Hamel State MN Zip Code 55340-9230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Twin Cities Orthopedics 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
 05 / 29 / 2021
Transaction ID : 10959885
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 279 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Nace, James, , , DO, PT, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1007 Coachford Ct
 City Lutherville Timonium State MD Zip Code 21093-1616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sinai Hospital-Rubin Institute For Adv Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 30 / 2021
Transaction ID : 10959888
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lin, Ian, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Foster Dr
 City Des Moines State IA Zip Code 50312-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Des Moines Orthopaedic Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 30 / 2021
Transaction ID : 10959890
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Heck, Christopher, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3613 Park Ln S
 City Mountain Brook State AL Zip Code 35213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Orthopaedic Surgeons LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 30 / 2021
Transaction ID : 10959895
 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 280 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Painter, Carl, F, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5337 Old Litchfield Trail
 City Litchfield State IL Zip Code 62056
 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 **05 / 30 / 2021**
Transaction ID : 10959898
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Mathis, Kenneth, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6443 Vanderbilt St
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas McGovern Medical S Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 30 / 2021**
Transaction ID : 10959900
 Amount of Each Receipt this Period **1000.00**
 Memo Item

c. Kim, Todd, Soung, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Hurlingham Avenue
 City San Mateo State CA Zip Code 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peninsula Medical Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 31 / 2021**
Transaction ID : 10959904
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 281 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Cain, E, Lyle, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 St Vincent's Dr Ste 100
 City Birmingham State AL Zip Code 35205
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Andrews Sprts Med & Ortho Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 31 / 2021
Transaction ID : 10960292
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Ricchetti, Eric, Thomas, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 Montgomery Road
 City Shaker Heights State OH Zip Code 44122-2809
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 31 / 2021
Transaction ID : 10960294
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Romeo, Anthony, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8301 Fars Cove
 City Burr Ridge State IL Zip Code 60527
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Midwest Ortho at Rush Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 29 / 2021
Transaction ID : 10960315
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 282 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Ginnetti, John, G, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8049 Sky View Path
 City Victor State NY Zip Code 14564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Rochester Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 29 / 2021
Transaction ID : 10960317
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Seaworth, Christine, Marie, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 Keowee Ave
 City Knoxville State TN Zip Code 37919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Orthopaedic Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 29 / 2021
Transaction ID : 10960318
 Amount of Each Receipt this Period 500.00
 Memo Item

C. McAlister, Wade, P, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1314 Milford St
 City Houston State TX Zip Code 77006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 31 / 2021
Transaction ID : 10960327
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 283 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Binder, William, F, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2421 Lema Drive

City Lake Havasu City	State AZ	Zip Code 86406
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Lakeside Orthopedic Institute	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
05		31		2021

Transaction ID : 10960329

Amount of Each Receipt this Period
1000.00

Memo Item

B. Joseph, Frank, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1605 Brandon Hall Drive

City Atlanta	State GA	Zip Code 30350
-----------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

Transaction ID : 10960331

Amount of Each Receipt this Period
250.00

Memo Item

C. Tornetta, Paul, , , III, MD, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Dowling 2 North Orthopaedics
850 Harrison Avenue

City Boston	State MA	Zip Code 02118
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2021

Transaction ID : 10960336

Amount of Each Receipt this Period
4000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5250.00
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 284 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Polivy, Kenneth, D, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Gordon Rd
 City Waban State MA Zip Code 02468-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Newton Wellesley Orthopedic Associates 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
 05 / 31 / 2021
Transaction ID : 10960338
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Cassidy, Carter, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4890 Faulkirk Lane
 City Lexington State KY Zip Code 40515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 University of Kentucky Res Program Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2021
Transaction ID : 10960348
 Amount of Each Receipt this Period
 85.00
 Memo Item

C. Amendola, Annunziato, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1814 Faison Road
 City Durham State NC Zip Code 27705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Duke Sports Medicine 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
 06 / 01 / 2021
Transaction ID : 10960361
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2085.00
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 285 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bash, Evan, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 Traymore Ln
 City Media State PA Zip Code 19063-5972
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopaedic and Sports Medicin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 31 / 2021**
Transaction ID : 10960363
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sanders, Brett, Stanford, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7530 Twisting Creek Lane
 City Ooltewah State TN Zip Code 37363-9791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 01 / 2021**
Transaction ID : 10960419
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kwong, Louis, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Box 422
 1000 W Carson St
 City Torrance State CA Zip Code 90508-0422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harbor-UCLA Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 02 / 2021**
Transaction ID : 10960805
 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 286 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Brophy, Robert, H, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Maryhill Dr
 City St Louis State MO Zip Code 63124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington University Orthopedics 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
 06 / 02 / 2021
Transaction ID : 10960806
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Higgins, Michael, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5236 Rockport Landing
 City Suffolk State VA Zip Code 23435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tidewater Orthopaedic Assoc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2021
Transaction ID : 10960807
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Rana, Adam, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Landing Woods Ln
 City Falmouth State ME Zip Code 04105-1948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maine Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2021
Transaction ID : 10960808
 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 287 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Smith, Eric, Louis, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1573 Beacon Street
 City Waban State MA Zip Code 02468
 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 ▼ 504.00

Date of Receipt 06 / 02 / 2021
Transaction ID : 10960809
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Zarzour, Joseph, Grant, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3610 Springhill Memorial Dr N
 City Mobile State AL Zip Code 36608-1162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gulf Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2021
Transaction ID : 10960940
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lalonde, Francois, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 510 Luminous
 City Irvine State CA Zip Code 92603
 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 05 / 15 / 2021
Transaction ID : 10960941
 Amount of Each Receipt this Period 1000.00
 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 288 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Cobbe, Fraser, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21013 Lake Vienna Dr
 City Land O Lakes State FL Zip Code 34638-8312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cobbe Consulting and Management Occupation (for Individual) State Society Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 16 / 2021
Transaction ID : 10960942
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Fulkerson, Eric, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 Bancroft Rd
 City Walnut Creek State CA Zip Code 94598-2358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Muir Orthopaedic Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 17 / 2021
Transaction ID : 10960943
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hurt, James, A, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Freeland Lane
 City Clinton State MS Zip Code 39056
 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 ▼ 2000.00

Date of Receipt 05 / 17 / 2021
Transaction ID : 10960944
 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 289 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Smith, Scott, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clovis Dr
 City Georgetown State TX Zip Code 78628-7167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopedics Round Rock Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2021
Transaction ID : 10960946
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kenniston, Julia, Anne, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Longmeadow Road
 City Hingham State MA Zip Code 02043-3421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Plymouth Bay Orthopedic Associates, In Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2021
Transaction ID : 10960997
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kelleher, Inez, M, , MD,FAAOS
 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 ▼ 1000.00

Date of Receipt 05 / 18 / 2021
Transaction ID : 10960999
 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 290 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Lopez, Peter, V, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 172-01 45 Ave
 City New York State NY Zip Code 11358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCare Florida Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2021
Transaction ID : 10961005
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lerman, Daniel, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 E 19th Ave Suite 3300
 City Denver State CO Zip Code 80218-1239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Limb Consultants Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2021
Transaction ID : 10961008
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Bercik, Michael, J, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 Center Road
 City Lancaster State PA Zip Code 17603-4730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thomas Jefferson University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 19 / 2021
Transaction ID : 10961009
 Amount of Each Receipt this Period 50.00
 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 291 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Srikumaran, Umasuthan, , , MD, MBA, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12195 Hayland Farm Way

City Ellicott City	State MD	Zip Code 21042-6014
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Johns Hopkins	Occupation (for Individual) Orthopaedic Surgeon
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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
05		19		2021

Transaction ID : 10961010

Amount of Each Receipt this Period
1000.00

Memo Item

B. Steinmann, Scott, P, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3584 Reflecting Drive

City Chattanooga	State TN	Zip Code 37415-5654
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Univ of Tennessee	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
05		19		2021

Transaction ID : 10961024

Amount of Each Receipt this Period
1000.00

Memo Item

C. Powell, Elisha, T, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2650 Marston Drive

City Anchorage	State AK	Zip Code 99517
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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 M	/	D D D	/	Y Y Y Y Y Y
05		20		2021

Transaction ID : 10961026

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 292 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Vinyard, Timothy, Ryan, , MD, FAAOS

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

Mailing Address 3607 150th St

City Urbandale	State IA	Zip Code 50323
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Iowa Ortho	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
05		20		2021

Transaction ID : 10961027

Amount of Each Receipt this Period
1000.00

Memo Item

B. Kraushaar, Barry, S, , MD,FAAOS

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

Mailing Address 3 Divot Pl

City Suffern	State NY	Zip Code 10901
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Advanced Ortho & Sports Medicine	Occupation (for Individual) Orthopaedic Surgeon
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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
05		20		2021

Transaction ID : 10961028

Amount of Each Receipt this Period
250.00

Memo Item

C. Jiranek, William, A, , MD,FAAOS,F

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
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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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2021

Transaction ID : 10961029

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 293 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. 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) Chief Quality and Registries Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2021
Transaction ID : 10961030
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Baumgarten, Keith, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 W Chicory
 City Sioux Falls State SD Zip Code 57108
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Sioux Falls Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2021
Transaction ID : 10961031
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Crow, Bradley, Dean, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 846 Diablo Road
 City Danville State CA Zip Code 94526
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) East Bay Sports Medicine Assoc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2021
Transaction ID : 10961032
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
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 294 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Johnson, Wayne, Anthony, , MD,FAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8212 NW Stonebridge Court
 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 ▼ 5000.00

Date of Receipt 05 / 21 / 2021
Transaction ID : 10961033
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Mejia, Alfonso, , , MD,MPH,FAA
 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 ▼ 840.00

Date of Receipt 05 / 23 / 2021
Transaction ID : 10961035
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Schmidt, Kenneth, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4610 E Everett Dr
 City Phoenix State AZ Zip Code 85032-4893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoArizona Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2021
Transaction ID : 10961036
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2134.00
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 295 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Jones, David, Brynley, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 5116
 City Sioux Falls State SD Zip Code 57117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sioux Falls Specialty 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
 05 / 24 / 2021
Transaction ID : 10961038
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Dennis, Thomas, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 Lubrano Dr Suite 301
 City Annapolis State MD Zip Code 21401-7028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Annapolis Hand Center 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
 05 / 25 / 2021
Transaction ID : 10961042
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Johnson, Paul, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18646 Vogel Farm Trail
 City Eden Prairie State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Park Nicollete Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2021
Transaction ID : 10961046
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 296 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Johnson, Paul, G., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18646 Vogel Farm Trail
 City Eden Prairie State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Park Nicollete Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 25 / 2021
Transaction ID : 10961097
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Cohen, Nathaniel, P., MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15294 Via Palomino
 City Monte Sereno State CA Zip Code 95030-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoNorCal Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 26 / 2021
Transaction ID : 10961099
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hale, Steven, S., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 River Ln
 City Lake Charles State LA Zip Code 70605-7711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Imperial Health Center For Orthopaedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 26 / 2021
Transaction ID : 10961101
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
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 297 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Muzzonigro, Thomas, S, , MD,FAAOS
 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 ▼ 1000.00

Date of Receipt 05 / 26 / 2021
Transaction ID : 10961102
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Lehman, Daniel, E, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Orthopaedics Indianapolis 8450 Northwest Blvd
 City Indianapolis State IN Zip Code 46278-1381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortholndy Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 26 / 2021
Transaction ID : 10961103
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. O'Grady, Christopher, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 James River Road
 City Gulf Breeze State FL Zip Code 32561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Andrews Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 26 / 2021
Transaction ID : 10961105
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 298 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Iorio, Richard, , , MD,FAOS
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) Brigham and Women's Hospital	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
05		27		2021

Transaction ID : 10961106

Amount of Each Receipt this Period
84.00

Memo Item

B. Scillia, Anthony, James, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1125 Maxwell Lane
Unit 600

City Hoboken	State NJ	Zip Code 07030
-----------------	-------------	-------------------

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

Name of Employer (for Individual) New Jersey Orthopaedic Institute	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
05		27		2021

Transaction ID : 10961158

Amount of Each Receipt this Period
1000.00

Memo Item

C. Barber, James, William, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Shirley Avenue

City Douglas	State GA	Zip Code 31533-2211
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Southeastern 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
05		27		2021

Transaction ID : 10961160

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2084.00
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 299 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Barber, James, William, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Shirley Avenue

City Douglas	State GA	Zip Code 31533-2211
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Southeastern Orthopaedics	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
05		27		2021

Transaction ID : 10961161

Amount of Each Receipt this Period
100.00

Memo Item

B. Galakatos, Gregory, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12008 Chaltenham Rd

City Saint Louis	State MO	Zip Code 63131
---------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
05		27		2021

Transaction ID : 10961164

Amount of Each Receipt this Period
1000.00

Memo Item

C. Cox, Christopher, V, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Berkeley Way

City San Francisco	State CA	Zip Code 94131
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) California Pacific 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
05		27		2021

Transaction ID : 10961354

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2100.00
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 300 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Ackerman, Duncan, B, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1905 Harbor Drive
 City Bismarck State ND Zip Code 58504-8977
 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 ▼ 5000.00

Date of Receipt 05 / 27 / 2021
Transaction ID : 10961356
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Friederichs, Matthew, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4608 Rose Creek Pkwy S
 City Fargo State ND Zip Code 58104-6841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sanford Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 27 / 2021
Transaction ID : 10961357
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Tradonsky, Steven, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7485 Mission Valley Rd, #104
 City San Diego State CA Zip Code 92108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2021
Transaction ID : 10961358
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5750.00
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 301 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Nolan, Elizabeth, McAllister, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 508 NW 16th St

City Oklahoma City	State OK	Zip Code 73103-2108
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Oklahoma Shoulder Center PLLC	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
05		28		2021

Transaction ID : 10961361

Amount of Each Receipt this Period
1000.00

Memo Item

B. Rana, Adam, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Landing Woods Ln

City Falmouth	State ME	Zip Code 04105-1948
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2021

Transaction ID : 10961362

Amount of Each Receipt this Period
100.00

Memo Item

C. Diana, John, Nicholas, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1019 Ross Circle

City Napa	State CA	Zip Code 94558
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Napa Valley Orthopaedic Medial Group	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
05		28		2021

Transaction ID : 10961365

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 302 OF 425
	<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	

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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. Soldatis, Jeffery, J, , MD,FAAOS			Date of Receipt
Mailing Address 7535 W 96th St			<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2021"/>
City Zionsville	State IN	Zip Code 46077-8712	Transaction ID : 10961368
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) Ortholndy		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="1100.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Greenwald, Alan, G, , MD,FAAOS			Date of Receipt
Mailing Address 14780 Tieton Dr			<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2021"/>
City Yakima	State WA	Zip Code 98908-8498	Transaction ID : 10961371
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) Orthopedics Northwest		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="250.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Brock, Gary, T, , MD, FAAOS			Date of Receipt
Mailing Address 4008 Inverness Dr			<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2021"/>
City Houston	State TX	Zip Code 77019-1006	Transaction ID : 10961373
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer (for Individual) Texas Orthopedic 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"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="2250.00"/>
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 303 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. O'Leary, Patrick, Timothy, , MD, FAAOS

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

Mailing Address 3221 W Summerbend Ct

City Peoria	State IL	Zip Code 61615-8893
----------------	-------------	------------------------

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

Name of Employer (for Individual) Midwest Orthopaedic Center	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
 05 / 28 / 2021

Transaction ID : 10961376

Amount of Each Receipt this Period
1000.00

Memo Item

B. Gibbons, Michael, J, , MD, FAAOS

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

Mailing Address 6000 N Allen Rd

City Peoria	State IL	Zip Code 61614
----------------	-------------	-------------------

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 M / D D D / Y Y Y Y Y Y
 05 / 28 / 2021

Transaction ID : 10961377

Amount of Each Receipt this Period
1000.00

Memo Item

C. Williams, James, R, , MD, FAAOS

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

Mailing Address 6426 N Jamestown Rd

City Peoria	State IL	Zip Code 61615-2606
----------------	-------------	------------------------

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
 05 / 28 / 2021

Transaction ID : 10961445

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 304 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mitzelfelt, Donald, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5210 West Fieldstone Drive
 City Peoria State IL Zip Code 61615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2021
Transaction ID : 10961449
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Wertheim, Steven, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Old Stratton Chase NW
 City Atlanta State GA Zip Code 30328-3652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Resurgens Orthopaedics Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2021
Transaction ID : 10961450
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Nassab, Paul, F, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8190 Shoreline Drive
 City Parkville State MO Zip Code 64152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 DFP Orthopaedic Surgeon
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2021
Transaction ID : 10961453
 Amount of Each Receipt this Period
 500.00
 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 305 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Sellers, Richard, G, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Tristan Way

City Gulf Breeze	State FL	Zip Code 32561-5121
---------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
05		28		2021

Transaction ID : 10961590

Amount of Each Receipt this Period
1000.00

Memo Item

B. Jackson, James, Benjamin, , III, MD,FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Cotting Ct

City Irmo	State SC	Zip Code 29063-9547
--------------	-------------	------------------------

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

Name of Employer (for Individual) Carolinas Med Ctr	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
05		28		2021

Transaction ID : 10961591

Amount of Each Receipt this Period
1000.00

Memo Item

C. Schabel, Kathryn, , , MD,FAOS,F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5235 SW Westwood Vw

City Portland	State OR	Zip Code 97239-2767
------------------	-------------	------------------------

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

Name of Employer (for Individual) OHSU	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
05		28		2021

Transaction ID : 10961592

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 306 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Roberts, Richard, Mills, , MD, FAAOS

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

Mailing Address PO Box 1324

City Grapevine	State TX	Zip Code 76099-1324
-------------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2021

Transaction ID : 10961594

Amount of Each Receipt this Period
1000.00

Memo Item

B. Roberts, Richard, Mills, , MD, FAAOS

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

Mailing Address PO Box 1324

City Grapevine	State TX	Zip Code 76099-1324
-------------------	-------------	------------------------

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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2021

Transaction ID : 10961595

Amount of Each Receipt this Period
100.00

Memo Item

C. Roberts, Richard, Mills, , MD, FAAOS

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

Mailing Address PO Box 1324

City Grapevine	State TX	Zip Code 76099-1324
-------------------	-------------	------------------------

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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2021

Transaction ID : 10961596

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 307 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Roberts, Richard, Mills, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1324
 City Grapevine State TX Zip Code 76099-1324
 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2021
Transaction ID : 10961597
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Byrd, Brandon, Michael, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 County Road 7185
 City Jonesboro State AR Zip Code 72401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dickson Orthopedics 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
 05 / 28 / 2021
Transaction ID : 10961601
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Kaplan, F, Thomas Davies, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11542 Willow Springs Dr
 City Zionsville State IN Zip Code 46077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Hand To Shoulder Center 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
 05 / 28 / 2021
Transaction ID : 10961604
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 308 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Crawford, John, Jay, , MD, FAAOS

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

Mailing Address 9114 Grey Pointe Drive

City Knoxville	State TN	Zip Code 37922
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2021

Transaction ID : 10961605

Amount of Each Receipt this Period
1000.00

Memo Item

B. Epps, Howard, R, , MD,FAAOS

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

Mailing Address 1936 Wroxton Road

City Houston	State TX	Zip Code 77005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Baylor College of Medicine	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
05		29		2021

Transaction ID : 10961606

Amount of Each Receipt this Period
250.00

Memo Item

C. Waddell, Bradford, Sutton, , MD, FAAOS

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

Mailing Address 459 Carolwood Lane

City Sandy Springs	State GA	Zip Code 30342-2713
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OrthoAtlanta	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
05		29		2021

Transaction ID : 10961608

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 309 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Lopez, David, Vincent, , MD,FAOS

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2021

Transaction ID : 10961609

Amount of Each Receipt this Period
84.00

Memo Item

B. Collins, Paul, Calvin, , MD, FAAOS

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

Mailing Address 1965 North Stoneview Place

City Boise	State ID	Zip Code 83702
---------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopedic Healthcare	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
05		29		2021

Transaction ID : 10961613

Amount of Each Receipt this Period
1000.00

Memo Item

C. Rodgers, Jeffrey, A, , MD, FAAOS

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

Mailing Address 3750 Plumwood Drive

City West Des Moines	State IA	Zip Code 50265-5300
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Des Moines Orthopaedic Surgeons	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
05		30		2021

Transaction ID : 10961615

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1584.00
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 310 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Agarwal, Animesh, , MD,FAOS
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2021
Transaction ID : 10961617
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Dangles, Chris, John, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1107 West University Ave
 City Champaign State IL Zip Code 61821-3226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gibson Area Hospital Orthopaedics 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
 05 / 31 / 2021
Transaction ID : 10961619
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Alley, R, Maxwell, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1367 Washington Ave Ste 200
 City Albany State NY Zip Code 12206-1043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region 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
 05 / 31 / 2021
Transaction ID : 10961620
 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 311 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Fissel, Brian, Anthony, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6451 Westway Road
 City Saint Louis State MO Zip Code 63109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Signature Health Services Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 31 / 2021**
Transaction ID : 10961621
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Grebing, Brett, Raymond, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 719 Schwarz Rd
 City Edwardsville State IL Zip Code 62025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Ctr for Advanced Ortho, LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 02 / 2021**
Transaction ID : 10962038
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Halsey, David, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9000 #132
 City Edgartown State MA Zip Code 02539-9000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martha's Vineyard Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 03 / 2021**
Transaction ID : 10962153
 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 312 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Ayers, Michael, E, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Prospect Ave
 City Scituate State MA Zip Code 02066-4321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Orthopedics 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
 06 / 04 / 2021
Transaction ID : 10962579
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Stokesbary, Steven, J, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 627 Arrowhead Ct
 City Dakota Dunes State SD Zip Code 57049
 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 ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2021
Transaction ID : 10962580
 Amount of Each Receipt this Period
 84.00
 Memo Item

c. Black, David, Albritton, , MD,PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12112 Fairway Drive
 City Little Rock State AR Zip Code 72212-3429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Arkansas Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2021
Transaction ID : 10962581
 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 313 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Schmidt, Todd, A., MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2865 Lake Park Drive

City Jonesboro	State GA	Zip Code 30236
-------------------	-------------	-------------------

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

Name of Employer (for Individual) OrthoAtlanta	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
06		05		2021

Transaction ID : 10962812

Amount of Each Receipt this Period
250.00

Memo Item

B. Lintecum, Neal, D., MD, FAAOS
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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2021

Transaction ID : 10962813

Amount of Each Receipt this Period
200.00

Memo Item

C. Ellis, Henry, Bone, , Jr, MD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2945 Stanford Ave

City Dallas	State TX	Zip Code 75225
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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 ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2021

Transaction ID : 10962814

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	534.00
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 314 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Karpos, Philip, A G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Northumberland
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Thomas Hospital for Specialty Surg Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 05 / 2021
Transaction ID : 10962833
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Farber, Daniel, C, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Fairhill Rd
 City Wynnewood State PA Zip Code 19096-1804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn Medicine Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 06 / 2021
Transaction ID : 10962834
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Early, John, S, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8210 Walnut Hill Ln Ste 130
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 06 / 2021
Transaction ID : 10962835
 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 315 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bear, Brian, Jeffrey, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1621 National Avenue
 City Rockford State IL Zip Code 61103-6349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthollinois Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 06 / 2021
Transaction ID : 10962836
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Pierce, Troy, D, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4012 Edgewater PI SE
 City Mandan State ND Zip Code 58554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Bone & Joint Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 06 / 2021
Transaction ID : 10962837
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Schmale, Gregory, A, , MD, FAAOS
 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) Seattle Children's Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 06 / 2021
Transaction ID : 10962838
 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 316 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Burke, Charles, J., III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Delafield Rd
Ste 4010

City Pittsburgh	State PA	Zip Code 15215-3235
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2021

Transaction ID : 10962839

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 6201 Moonfield Dr

City Huntington Beach	State CA	Zip Code 92648-1039
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Emanate Health	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
 06 / 06 / 2021

Transaction ID : 10962840

Amount of Each Receipt this Period
50.00

Memo Item

C. Green, Daniel, William, , MD,FAOS
 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 10021-4823
------------------	-------------	------------------------

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 ▼
1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2021

Transaction ID : 10962894

Amount of Each Receipt this Period
175.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	309.00
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 317 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mosley, Emmett, Wayne, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Thompson Pl
 City Roswell State GA Zip Code 30075-3522
 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2021
Transaction ID : 10962895
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Kiner, Dirk, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 449 Canyon Springs Dr
 City Hixson State TN Zip Code 37343-2387
 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 ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2021
Transaction ID : 10962896
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Law, Brian, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 541 E Erie Street Unit 314
 City Milwaukee State WI Zip Code 53202
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2021
Transaction ID : 10962897
 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 318 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Hsu, Joseph, R, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2816 Hedgewyk Pl

City Charlotte	State NC	Zip Code 28211
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Carolinas Medical Center	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
06		07		2021

Transaction ID : 10962898

Amount of Each Receipt this Period
250.00

Memo Item

B. Gallant, Gregory, G, , MD,MBA,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3588 Wellsford Lane

City Doylestown	State PA	Zip Code 18902-1480
--------------------	-------------	------------------------

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 ▼
333.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2021

Transaction ID : 10962899

Amount of Each Receipt this Period
83.33

Memo Item

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

Mailing Address 3444 Masonic Dr

City Alexandria	State LA	Zip Code 71301
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Central Louisiana Surgical 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
06		07		2021

Transaction ID : 10963422

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1333.33
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 319 OF 425
	<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	

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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. Szczech, Bartlomiej, , , MD, FAAOS			Date of Receipt
Mailing Address 89 Intervale Way			<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2021"/>
City Lake Placid	State NY	Zip Code 12946-3240	Transaction ID : 10963753
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) St Joseph's Hospital Med Ctr		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="600.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mejia, Alfonso, , , MD, MPH, FAA			Date of Receipt
Mailing Address 5332 South Shore Drive			<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2021"/>
City Chicago	State IL	Zip Code 60615-5708	Transaction ID : 10963754
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="84.00"/>
Name of Employer (for Individual) Illinois Association of Orthopedic Sur		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="924.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Clain, Michael, R, , MD, FAAOS			Date of Receipt
Mailing Address 9 Indian Head Rd			<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2021"/>
City Riverside	State CT	Zip Code 06878-2403	Transaction ID : 10966324
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="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 ▼ <input type="text" value="504.00"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="268.00"/>
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 320 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Armstrong, April, D, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Hope Dr
 Bldg A, Suite 2900, EC089
 City Hershey State PA Zip Code 17033-2036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Health Milton S. Hershey Me Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2021
Transaction ID : 10966325
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Rojer, David, Eli, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 419 Walton Rd
 City Maplewood State NJ Zip Code 07040-1119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Union County Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 10 / 2021
Transaction ID : 10967592
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Nahigian, Kevin, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Red Bay Rd
 City Elgin State SC Zip Code 29045-8684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Shoulder & Knee Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 11 / 2021
Transaction ID : 10967721
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1209.00
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 321 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bernard, Johnathan, , , MD, MPH, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21549 Glebe View Dr

City Broadlands	State VA	Zip Code 20148-3625
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Sports Medicine Institute	Occupation (for Individual) Orthopaedic Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2021

Transaction ID : 10967921

Amount of Each Receipt this Period
84.00

Memo Item

B. Marinello, Patrick, Gaetano, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43 Bradhaven Rd

City Slingerlands	State NY	Zip Code 12159-9369
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Bone and Joint Center	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
604.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2021

Transaction ID : 10967922

Amount of Each Receipt this Period
84.00

Memo Item

C. Dodds, Julie, A, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1575 Ramblewood Dr

City East Lansing	State MI	Zip Code 48823-6384
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Michigan State University	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2021

Transaction ID : 10967923

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 322 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Braaton, Paul, J, , MD,FAOS
 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 95355-3192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoMed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2021
Transaction ID : 10967924
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Espinoza, Luis, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Savannah Ridge Lane
 City Metairie State LA Zip Code 70001
 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2021
Transaction ID : 10967925
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. John, Thomas, K, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 522 Eastbrook Rd
 City Ridgewood State NJ Zip Code 07450-2110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Active Orthopedics and Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2021
Transaction ID : 10967926
 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 323 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mansfield, David, J, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5019 Montoya Rd
 City El Paso State TX Zip Code 79922-2031
 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 ▼ 504.00

Date of Receipt **06 / 12 / 2021**
Transaction ID : 10967927
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Krueger, Chad, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 Kyle Dr
 City Ambler State PA Zip Code 19002-2531
 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 **06 / 13 / 2021**
Transaction ID : 10967929
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Hogan, MaCalus, Vinson, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Field Brook Lane
 City Gibsonia State PA Zip Code 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh Medical Cente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 13 / 2021**
Transaction ID : 10967930
 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 324 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. James, Jeremy, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Briar Hollow St
 City Covington State LA Zip Code 70433-4511
 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 ▼ 600.00

Date of Receipt 06 / 13 / 2021
Transaction ID : 10967931
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Courtney, Paul, Maxwell, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 902 S Front St
 City Philadelphia State PA Zip Code 19147-4304
 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 06 / 14 / 2021
Transaction ID : 10967935
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Service, Benjamin, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8710 Crestgate Circle
 City Orlando State FL Zip Code 32819-3855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 15 / 2021
Transaction ID : 10968156
 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 325 OF 425
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	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Grimm, Matthew, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Avenue B
 City Marrero State LA Zip Code 70072-3112
 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 **06 / 16 / 2021**
Transaction ID : 10969378
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Bozic, Kevin, John, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4360 River Garden Trail
 City Austin State TX Zip Code 78746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The University of Texas At Austin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 15 / 2021**
Transaction ID : 10969457
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kofoed, John, Charles, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2619 Seminole Ct
 City Fairfield State CA Zip Code 94534-7871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sutter Medical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 534.00

Date of Receipt **06 / 15 / 2021**
Transaction ID : 10969458
 Amount of Each Receipt this Period 89.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1173.00
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 326 OF 425
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	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Hugate, Ronald, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9249 S Broadway #200-136
 City Highlands Ranch State CO Zip Code 80129-5690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Panorama Orthopedics & Spine Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2021
Transaction ID : 10969459
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Greenfield, Gerald, Q, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Remington Run
 City San Antonio State TX Zip Code 78258-7707
 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 ▼ 600.00

Date of Receipt 06 / 15 / 2021
Transaction ID : 10969460
 Amount of Each Receipt this Period 600.00
 Memo Item

C. Bernholt, David, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3126 Chapel Woods Cv
 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 ▼ 250.02

Date of Receipt 06 / 15 / 2021
Transaction ID : 10969461
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1141.67
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: (check only one)	PAGE 327 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bettin, Clayton, Charles, , MD,FAAOS
 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) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021
Transaction ID : 10969463
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Calandruccio, James, H, , MD, FAAOS
 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) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021
Transaction ID : 10969464
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Crockarell, John, R, , Jr, MD, FA
 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) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021
Transaction ID : 10969465
 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 328 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Grear, Benjamin, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 Lagrange Creek Drive
 City Eads State TN Zip Code 38028
 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 ▼ 250.02

Date of Receipt
 06 / 15 / 2021
Transaction ID : 10969467
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Guyton, James, L, , MD, FAAOS
 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 ▼ 250.02

Date of Receipt
 06 / 15 / 2021
Transaction ID : 10969472
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Harkess, James, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9566 Fox Hill Circle S
 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 ▼ 250.02

Date of Receipt
 06 / 15 / 2021
Transaction ID : 10969473
 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 329 OF 425
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Heck, Robert, Kurt, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4938 Barfield Rd
 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 ▼ 250.02

Date of Receipt
 06 / 15 / 2021
Transaction ID : 10969474
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Kelly, Derek, Michael, , MD, FAAOS
 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 06 / 15 / 2021
Transaction ID : 10969475
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Mihalko, Marc, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4079 Barfield Road
 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 ▼ 250.02

Date of Receipt
 06 / 15 / 2021
Transaction ID : 10969478
 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 330 OF 425
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Murphy, Garnett, Andrew, , MD,FAOS

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) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021

Transaction ID : 10969479

Amount of Each Receipt this Period 41.67

Memo Item

B. Richardson, David, R, , MD,FAOS

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 ▼ 250.02

Date of Receipt 06 / 15 / 2021

Transaction ID : 10969481

Amount of Each Receipt this Period 41.67

Memo Item

C. Rudloff, Matthew, Ian, , MD, FAAOS

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 ▼ 250.02

Date of Receipt 06 / 15 / 2021

Transaction ID : 10969482

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 331 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Sawyer, Jeffrey, R, , MD, FAAOS
 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 ▼ 250.02

Date of Receipt 06 / 15 / 2021
Transaction ID : 10969483
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Sheffer, Benjamin, West, , MD, FAAOS
 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 ▼ 250.02

Date of Receipt 06 / 15 / 2021
Transaction ID : 10969484
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Thompson, Norfleet, Buckner, , MD, FAAOS
 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 ▼ 250.02

Date of Receipt 06 / 15 / 2021
Transaction ID : 10969486
 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 332 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Throckmorton, Thomas, Ward, , MD,FAAOS

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

Mailing Address 4901 Fairfield Circle

City Memphis	State TN	Zip Code 38117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

Transaction ID : 10969489

Amount of Each Receipt this Period
41.67

Memo Item

B. Warner, William, C, , Jr, MD, FA

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
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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 ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

Transaction ID : 10969490

Amount of Each Receipt this Period
41.67

Memo Item

C. Weinlein, John, C, , MD,FAAOS

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

Mailing Address 633 Valleybrook Dr

City Memphis	State TN	Zip Code 38120-2707
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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 ▼
250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2021

Transaction ID : 10969491

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 333 OF 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Williams, Keith, D, , MD, FAAOS
 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) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 15 / 2021
Transaction ID : 10969492
 Amount of Each Receipt this Period 41.67
 Memo Item

B. McCulloch, Patrick, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 Buckingham Drive
 City Venetia State PA Zip Code 15367-2383
 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 ▼ 504.00

Date of Receipt 06 / 17 / 2021
Transaction ID : 10969816
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Greene, Robert, Neil, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 N 16th Ave
 City Yakima State WA Zip Code 98902-1347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedics Northwest PLLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 17 / 2021
Transaction ID : 10969817
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	209.67
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: (check only one)	PAGE 334 OF 425
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Olsen, Adam, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3686 Washington Street
 Apt 2520
 City Boston State MA Zip Code 02130-3691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 17 / 2021
Transaction ID : 10969818
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Starr, Brittany, , ,
 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) Senior Manager of Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.50

Date of Receipt 06 / 16 / 2021
Transaction ID : 10969823
 Amount of Each Receipt this Period 5.50
 Memo Item

C. Russell, George, V, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 North Natchez Drive
 City Madison State MS Zip Code 39110
 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 ▼ 540.00

Date of Receipt 06 / 17 / 2021
Transaction ID : 10970384
 Amount of Each Receipt this Period 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 137.50
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 335 OF 425
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Vidal, Armando, Felipe, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 181 W Meadow Dr
 Ste 400
 City Vail State CO Zip Code 81632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Colorado School of Medic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 17 / 2021
Transaction ID : 10970415
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Bowen, William, Scott, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 St Vincent Cir
 Ste 100
 City Little Rock State AR Zip Code 72205-5412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bowen Hefley Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2021
Transaction ID : 10970419
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Moore, Slade, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 Carriage House Dr
 City Colfax State NC Zip Code 27235-9420
 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 ▼ 750.00

Date of Receipt 06 / 18 / 2021
Transaction ID : 10970440
 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 336 OF 425
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Winston, Jonathan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4534 Shadowbrook Court
 City Bettendorf State IA Zip Code 52722-6585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 18 / 2021
Transaction ID : 10970441
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Tyndall, William, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 Brittany Ln
 City Hollidaysburg State PA Zip Code 16648-9269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 19 / 2021
Transaction ID : 10970752
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Woodcock, Jessica, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Stillwood Ct
 City New Bern State NC Zip Code 28560-8040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Orthopedics and Sports Medici Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 19 / 2021
Transaction ID : 10970753
 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 337 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Cooper, Scott, Snow, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 NW A St
 1101 Horsebarn Road
 City Bentonville State AR Zip Code 72712-5216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Mercy Clinic Orthopedics Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2021
Transaction ID : 10970754
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Gombera, Mufaddal, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 Hunters Trail
 City Houston State TX Zip Code 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Texas Orthopedic Hospital 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
 06 / 20 / 2021
Transaction ID : 10970821
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Abrutyn, David, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Pitney Court
 City Basking Ridge State NJ Zip Code 07920
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2021
Transaction ID : 10970822
 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 338 OF 425
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Chapman, Cary, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10903 Blue Palm Street
 City Plantation State FL Zip Code 33324-8234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Miami Orthopedics & Sports Medicine In Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 21 / 2021
Transaction ID : 10970823
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Stoeckl, Andrew, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Fairlawn Dr
 City Amherst State NY Zip Code 14226-3422
 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 06 / 21 / 2021
Transaction ID : 10970824
 Amount of Each Receipt this Period 83.00
 Memo Item

C. Urband, Lindsey, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15066 Almond Orchard Lane Suite 403
 City San Diego State CA Zip Code 92131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Diego Hand Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 03 / 2021
Transaction ID : 10972000
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	251.00
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 339 OF 425
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Blotter, Robert, H, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1116 Ortman Road
 Ste 190
 City Marquette State MI Zip Code 49855-9333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Advanced Center of Orthopedics 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
 06 / 04 / 2021
Transaction ID : 10972003
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Engstrom, Stephen, Matthew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9207 Duncaster Ct
 City Brentwood State TN Zip Code 37027-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Vanderbilt Univ-Vanderbilt Ortho Inst Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2021
Transaction ID : 10972004
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Hettrich, Carolyn, , , MD,MPH,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28A Miller Hill Rd
 City Dover State MA Zip Code 02030-2332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Brigham and Women's Hospital Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2021
Transaction ID : 10972005
 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: PAGE 340 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Sheehan, John, P, , MD,FAOS
 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 ▼ 504.00

Date of Receipt 06 / 07 / 2021
Transaction ID : 10972006
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Keeney, James, A, , MD,FAOS
 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 ▼ 500.00

Date of Receipt 06 / 07 / 2021
Transaction ID : 10972007
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Backe, Henry, A, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 Blackrock Turnpike
 City Fairfield State CT Zip Code 06825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Specialty Group PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 07 / 2021
Transaction ID : 10972008
 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 341 OF 425
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Boothby, Michael, Hayden, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 Hidden Lake Ranch Rd

City Aledo	State TX	Zip Code 76008-4526
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Ortho & Sports Med Institute	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
06		07		2021

Transaction ID : 10972009

Amount of Each Receipt this Period
250.00

Memo Item

B. Chutkan, Norman, Barrington, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3002 N Manor Drive E

City Phoenix	State AZ	Zip Code 85014
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The CORE Institute	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2021

Transaction ID : 10972011

Amount of Each Receipt this Period
84.00

Memo Item

C. Shrock, Kevin, B, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1414 SE 3rd Ave

City Fort Lauderdale	State FL	Zip Code 33316-1910
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Fort Lauderdale Orthopaedics	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
06		09		2021

Transaction ID : 10972013

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 342 OF 425
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. More, Robert, Cameron, , MD, FAAOS

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 08822-4671

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 09 / 2021

Transaction ID : 10972014

Amount of Each Receipt this Period 84.00

Memo Item

B. Davis, Daniel, Edward, , MD,FAAOS

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

Mailing Address 20 Brookside Rd

City Wallingford State PA Zip Code 19086-6208

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

Name of Employer (for Individual) Thomas Jefferson Univ Hosp Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 11 / 2021

Transaction ID : 10972015

Amount of Each Receipt this Period 250.00

Memo Item

C. Rubinstein, Michael, P, , MD,FAAOS

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

Mailing Address 27015 Glaramara Lane

City Yorba Linda State CA Zip Code 92887

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

Name of Employer (for Individual) Specialty Orthopedic Group Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 11 / 2021

Transaction ID : 10972016

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 343 OF 425
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Cimino, William, Gerard, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52 Beach Road
Suite 207

City Fairfield State CT Zip Code 06824-6017

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

Name of Employer (for Individual) Beach Road Orthopaedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
06 / 14 / 2021
Transaction ID : 10972017

Amount of Each Receipt this Period
84.00

Memo Item

B. Parsley, Brian, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 302 Pine Shadows Dr
Suite 2400

City Houston State TX Zip Code 77056

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 ▼ 504.00

Date of Receipt
06 / 14 / 2021
Transaction ID : 10972018

Amount of Each Receipt this Period
84.00

Memo Item

C. Damalas, Dino, , , MBA
 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 ▼ 504.00

Date of Receipt
06 / 14 / 2021
Transaction ID : 10972019

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 344 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Roberson, Rowland, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 641 N Lamar Blvd
 City Oxford State MS Zip Code 38655-3235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Specialty Orthopedic Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 14 / 2021
Transaction ID : 10972020
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Lisella, Jordan, Mills, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Turner Lane
 City Loudonville State NY Zip Code 12211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region Orthopaedic Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 14 / 2021
Transaction ID : 10972021
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Zanaros, George, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Shaker Bay Rd
 City Latham State NY Zip Code 12110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region Orthopaedic Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 14 / 2021
Transaction ID : 10972022
 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 345 OF 425
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Starr, Brittany, , ,
 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) Senior Manager of Political Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.50

Date of Receipt 06 / 16 / 2021
Transaction ID : 10972023
 Amount of Each Receipt this Period 5.00
 Memo Item

B. McCraney, William, Owen, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1619 Poplar Blvd
 City Jackson State MS Zip Code 39202-2118
 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 ▼ 2000.00

Date of Receipt 06 / 21 / 2021
Transaction ID : 10972093
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Sherbondy, Paul, Strawn, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 Beaumont Dr
 City State College State PA Zip Code 16801-8311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 22 / 2021
Transaction ID : 10972094
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1089.00
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 346 OF 425
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kirol, Bernard, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 338 Turnwall Ln
 City Elgin State SC Zip Code 29045-9507
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2021
Transaction ID : 10972096
 Amount of Each Receipt this Period 75.00
 Memo Item

B. Veitch, Andrew, John, , MD,FAAOS
 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 87111-7154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of New Mexico, Dept of Orth Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2021
Transaction ID : 10972097
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Hire, Justin, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3617 Ault Park Ave
 City Cincinnati State OH Zip Code 45208-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dwight David Eisenhower Army Medical C 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
 06 / 22 / 2021
Transaction ID : 10972098
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	201.00
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 347 OF 425
	<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Styron, Joseph, F, , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14244 Calderdale Ln
 City Strongsville State OH Zip Code 44136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 22 / 2021
Transaction ID : 10972099
 Amount of Each Receipt this Period 250.00
 Memo Item

B. McClelland, Walter, B, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3531 Nancy Creek Road
 City Atlanta State GA Zip Code 30327
 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 ▼ 500.00

Date of Receipt 06 / 22 / 2021
Transaction ID : 10973257
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Moon, Daniel, K, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5997 Beeler St
 City Denver State CO Zip Code 80238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Colorado School of Medic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2021
Transaction ID : 10973845
 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 348 OF 425
	<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
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		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Lang, Gerald, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1309 Redan Drive
 City Verona State WI Zip Code 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2021
Transaction ID : 10973847
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bergmann, Karl, Andrew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address CHI Health CUMC Bergan Mercy 7710 Mercy Road, Suite 2000
 City Omaha State NE Zip Code 68124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHI Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2021
Transaction ID : 10973848
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Friedmann, Elizabeth, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4123 TottenHam St Apt 210
 City Frederick State MD Zip Code 21704-7302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 23 / 2021
Transaction ID : 10973849
 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 349 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Palma, Douglas, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 271 White Horse Rd
 City Cochranville State PA Zip Code 19330-9472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Delaware Orthopaedic Specialist Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2021
Transaction ID : 10973850
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Moseley, Claiborne, Lake, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1607 Castle Drive
 City Jonesboro State AR Zip Code 72401
 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 06 / 23 / 2021
Transaction ID : 10975125
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Navarro, Ronald, Anthony, , MD,FAOS
 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 ▼ 504.00

Date of Receipt 06 / 24 / 2021
Transaction ID : 10975140
 Amount of Each Receipt this Period 84.00
 Memo Item

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 350 OF 425
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Dhillon, Manjit, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12602 Nightingale Drive
 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 ▼ 500.00

Date of Receipt 06 / 24 / 2021
Transaction ID : 10975141
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Van Bosse, Harold, J P, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1210 Wyngate Rd
 City Wynnewood State PA Zip Code 19096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shriners Hospital for Children - Phila Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 24 / 2021
Transaction ID : 10975366
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Shannon, Timothy, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address CMI
 1000 Highland Park Drive SW
 City Aiken State SC Zip Code 29801-3738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMI Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 125.00

Date of Receipt 06 / 24 / 2021
Transaction ID : 10975453
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
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 351 OF 425
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Shannon, Timothy, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address CMI
 1000 Highland Park Drive SW
 City Aiken State SC Zip Code 29801-3738
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) CMI Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2021
Transaction ID : 10975455
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Swenning, Todd, Allen, , MD, FAAOS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41970 Rancho Manana Lane
 City Rancho Mirage State CA Zip Code 92270
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 25 / 2021
Transaction ID : 10975611
 Amount of Each Receipt this Period 83.33
 Memo Item

c. de Araujo, William, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Deerborn Drive
 City Goldsboro State NC Zip Code 27534
 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 06 / 25 / 2021
Transaction ID : 10976265
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	708.33
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 352 OF 425
	<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
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Beltran, Michael, John, , MD, FAAOS

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

Mailing Address UC Dept of Orthopaedic Surgery
231 Albert Sabin Way Room 5553

City Cincinnati	State OH	Zip Code 45267-0212
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Department of Orthopaedics and Rehabil	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2021

Transaction ID : 10976279

Amount of Each Receipt this Period
84.00

Memo Item

B. Mitros, Stephen, F, , MD, FAAOS

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
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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 ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2021

Transaction ID : 10976280

Amount of Each Receipt this Period
84.00

Memo Item

C. Eckrich, Stephen, G J, , MD,FAAOS

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

Mailing Address 5511 Shooting Star Trail

City Rapid City	State SD	Zip Code 57702
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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

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2021

Transaction ID : 10976281

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 353 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Schmitz, Matthew, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Ottawa Run
 City San Antonio State TX Zip Code 78231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Antonio Military Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 27 / 2021
Transaction ID : 10976282
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Nagamani, Kevin, K, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11902 E Lake Cr
 City Greenwood Village State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Western Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 06 / 27 / 2021
Transaction ID : 10976283
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Pushkarewicz, Michael, J, , MD, FAOS,
 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 ▼ 252.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 10976288
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	376.00
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 354 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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. Gary, Joshua, Layne, , MD,FAAOS

Mailing Address 951 Descanso Drive

City La Canada Flintridge State CA Zip Code 91011-3820

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

Name of Employer (for Individual) Keck School of Medicine of USC Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt **06 / 28 / 2021**

Transaction ID : 10976289

Amount of Each Receipt this Period **84.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Carolan, Gregory, Francis, , MD,FAAOS

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 ▼ **504.00**

Date of Receipt **06 / 28 / 2021**

Transaction ID : 10976291

Amount of Each Receipt this Period **84.00**

Memo Item

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

Mailing Address 7644 Base Lake Drive

City Dexter State MI Zip Code 48130

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 ▼ **750.00**

Date of Receipt **06 / 28 / 2021**

Transaction ID : 10976292

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 355 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Torres, Daniel, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1488 Shelburne Ct

City Allentown	State PA	Zip Code 18104-1949
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Lehigh Valley Practioner Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

Transaction ID : 10976293

Amount of Each Receipt this Period
85.00

Memo Item

B. Razi, Afshin, , , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Dogwood Rd

City Great Neck	State NY	Zip Code 11024-2006
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Maimonides Medical Center	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
06		28		2021

Transaction ID : 10976294

Amount of Each Receipt this Period
250.00

Memo Item

c. Chandler, David, R, , MD,FAAOS
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 32561-4899
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Andrews Institute For Orthopaedics & S	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2021

Transaction ID : 10976295

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 356 OF 425
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Allard, Mark, Michael, , MD,FAAOS
 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 ▼ 504.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 10976296
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Porter, Scott, Edward, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1420 Jonesville Road
 City Simpsonville State SC Zip Code 29681-4411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prisma Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 10976297
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Hoedt, Christen, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 973 Vinings Blvd
 City Gallatin State TN Zip Code 37066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cooper Orthopaedics Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 10976298
 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 357 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Reid, J, Spence, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 University Drive
 Department of Orthopaedics
 City Hershey State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 10976299
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Giuseffi, Steven, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4784 Enchanted Pines Dr
 City Rapid City State SD Zip Code 57701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Black Hills Orthopedic and Spine Cente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 10976301
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Miller, Benjamin, James, , MD,MS,FAAO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 Sumac Ct
 City Iowa City State IA Zip Code 52246-2792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 10976302
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1168.00
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 358 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kauk, Justin, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 449 N Wendover Rd
 Ste A
 City Charlotte State NC Zip Code 28211-1064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Structure Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 10976303
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Culp, Brian, Matthew, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 Barclay Blvd
 City Princeton State NJ Zip Code 08540-5891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Princeton Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 18 / 2021
Transaction ID : 10977790
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bercik, Michael, J, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 Center Road
 City Lancaster State PA Zip Code 17603-4730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thomas Jefferson University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 21 / 2021
Transaction ID : 10977791
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	425.00
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 359 OF 425
	<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	

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Snyder, Matthew, J, , MD, FAAOS
 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 ▼ 500.00

Date of Receipt 06 / 21 / 2021
Transaction ID : 10977793
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Gill, John, T, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8230 Walnut Hill Ln Ste 708
 City Dallas State TX Zip Code 75231-4431
 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 06 / 21 / 2021
Transaction ID : 10977794
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jiraneck, William, A, , MD,FAAOS,F
 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 ▼ 504.00

Date of Receipt 06 / 22 / 2021
Transaction ID : 10977795
 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 360 OF 425
	<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	

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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. Mejia, Alfonso, , , MD,MPH,FAA

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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2021

Transaction ID : 10977796

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 4610 E Everett Dr

City Phoenix	State AZ	Zip Code 85032-4893
-----------------	-------------	------------------------

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

Name of Employer (for Individual) OrthoArizona	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
06		24		2021

Transaction ID : 10977797

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. Lajam, Claudette, Malvina, , MD,FAAOS

Mailing Address 30 Knollwood Dr

City Larchmont	State NY	Zip Code 10538-1238
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Hosp for Joint Disease	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2021

Transaction ID : 10977798

Amount of Each Receipt this Period
1250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1384.00
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 361 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Prather, John, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4425 Paulsen Street
 City Savannah State GA Zip Code 31405-3662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chatham Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 10977800
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Iorio, Richard, , , MD,FAAOS
 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) Brigham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 28 / 2021
Transaction ID : 10977801
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Waddell, Bradford, Sutton, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 459 Carolwood Lane
 City Sandy Springs State GA Zip Code 30342-2713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 30 / 2021
Transaction ID : 10977802
 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 362 OF 425
<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

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Lopez, David, Vincent, , MD,FAOS
 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 ▼ 504.00

Date of Receipt 06 / 30 / 2021
Transaction ID : 10977803
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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) Chief Quality and Registries Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 22 / 2021
Transaction ID : 10977805
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Mumford, Joseph, E, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3110 SW Briarwood Circle
 City Topeka State KS Zip Code 66611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stormont Vail Healthcare Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 29 / 2021
Transaction ID : 10977807
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	634.00
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 363 OF 425
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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
 Dickson, Kyle, F, , MD, FAAOS

Mailing Address 4925 Pine Street

City Belleaire State TX Zip Code 77401-5330

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2021

Transaction ID : 11035174

Amount of Each Receipt this Period
 0.00

Memo Item

Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$0.00

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 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 Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	483826.28

**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 364 OF 425
<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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Cory Gardner For Senate
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 461798
 City Aurora State CO Zip Code 80016
 FEC ID number of contributing federal political committee. **C** C00492454
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2021
Transaction ID : 10889104
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 Refund of excess contribution 2020 General Election

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 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 Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
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 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

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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. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	1		0	5		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 10861128

Amount of Each Disbursement this Period

[REDACTED] 103.23

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	1		1	2		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 10861129

Amount of Each Disbursement this Period

[REDACTED] 189.63

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	1		1	9		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 10861130

Amount of Each Disbursement this Period

[REDACTED] 318.61

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 611.47

[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

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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. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	1		0	4		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 10861131

Amount of Each Disbursement this Period

[REDACTED] 256.13

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	1		0	1		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 10861132

Amount of Each Disbursement this Period

[REDACTED] 146.43

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	1		0	2		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 10878998

Amount of Each Disbursement this Period

[REDACTED] 271.82

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 674.38

[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

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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. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	1		2	9		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 10880118

Amount of Each Disbursement this Period

[REDACTED] 136.46

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	2		0	2		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 10883282

Amount of Each Disbursement this Period

[REDACTED] 72.76

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	2		0	9		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 10889105

Amount of Each Disbursement this Period

[REDACTED] 402.02

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 611.24

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

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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. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
02	/	03	/	2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10889106

Amount of Each Disbursement this Period

[REDACTED] 128.15

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
02	/	16	/	2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10894023

Amount of Each Disbursement this Period

[REDACTED] 288.52

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
02	/	16	/	2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10894024

Amount of Each Disbursement this Period

[REDACTED] 125.27

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 541.94

[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

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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. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
02	/	23	/	2021

FEC Identification Number

C

Transaction ID : 10900826

Amount of Each Disbursement this Period

121.93

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2021

FEC Identification Number

C

Transaction ID : 10900827

Amount of Each Disbursement this Period

106.18

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2021

FEC Identification Number

C

Transaction ID : 10906377

Amount of Each Disbursement this Period

124.35

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

352.46

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

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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. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
03			02			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 10906378

Amount of Each Disbursement this Period

[REDACTED] 70.27

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
03			03			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 10906379

Amount of Each Disbursement this Period

[REDACTED] 49.33

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
03			09			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 10906380

Amount of Each Disbursement this Period

[REDACTED] 188.07

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 307.67

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

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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. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
03	/	16	/	2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10909276

Amount of Each Disbursement this Period

[REDACTED] 123.86

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
03	/	23	/	2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10912503

Amount of Each Disbursement this Period

[REDACTED] 474.48

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
03	/	30	/	2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10914519

Amount of Each Disbursement this Period

[REDACTED] 974.50

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 1572.84

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

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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. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
04		05		2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10922208

Amount of Each Disbursement this Period

[REDACTED] 466.46

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
04		05		2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10922462

Amount of Each Disbursement this Period

[REDACTED] 484.48

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
04		15		2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10929903

Amount of Each Disbursement this Period

[REDACTED] 200.44

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 1151.38

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

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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. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
05		03		2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10941306

Amount of Each Disbursement this Period

[REDACTED] 194.18

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
04		29		2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10944436

Amount of Each Disbursement this Period

[REDACTED] 373.30

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
04		26		2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10944438

Amount of Each Disbursement this Period

[REDACTED] 362.21

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 929.69

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

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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. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	4		1	9		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 10944439

Amount of Each Disbursement this Period

[REDACTED] 317.41

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	4		1	2		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 10944447

Amount of Each Disbursement this Period

[REDACTED] 434.84

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	5		1	0		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 10952302

Amount of Each Disbursement this Period

[REDACTED] 413.09

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 1165.34

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

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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. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
05		17		2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10952303

Amount of Each Disbursement this Period

[REDACTED] 352.53

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
05		17		2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10952304

Amount of Each Disbursement this Period

[REDACTED] 147.74

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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 M	/	D D D	/	Y Y Y Y Y
05		24		2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10962275

Amount of Each Disbursement this Period

[REDACTED] 609.45

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 1109.72

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

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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. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	5		2	7		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 10962276

Amount of Each Disbursement this Period

[REDACTED] 460.44

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	6		0	3		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 10962602

Amount of Each Disbursement this Period

[REDACTED] 1675.68

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	6		1	5		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 10967947

Amount of Each Disbursement this Period

[REDACTED] 121.16

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 2257.28

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

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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. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	6		1	5		2	0	2	1		

FEC Identification Number

C [REDACTED]

Transaction ID : 10969379

Amount of Each Disbursement this Period

[REDACTED] 126.34

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	6		1	6		2	0	2	1		

FEC Identification Number

C [REDACTED]

Transaction ID : 10969825

Amount of Each Disbursement this Period

[REDACTED] 0.24

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
0	6		0	1		2	0	2	1		

FEC Identification Number

C [REDACTED]

Transaction ID : 10977859

Amount of Each Disbursement this Period

[REDACTED] 2703.65

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 2830.23

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

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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. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
06			07			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 10977860

Amount of Each Disbursement this Period

[REDACTED] 256.40

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
06			21			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 10977861

Amount of Each Disbursement this Period

[REDACTED] 96.92

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

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
06			29			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 10977862

Amount of Each Disbursement this Period

[REDACTED] 291.98

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 645.30

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

[REDACTED] 14760.94

**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

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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. Julia Letlow For Congress

Mailing Address 905 Julia St

City
Rayville

State
LA

Zip Code
71269

Purpose of Disbursement

011

Category/
Type

Candidate Name

Letlow, Julia, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2021
 Primary General
 Other (specify) ▼
Special-Primary2021

State: LA District: 05

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2021

FEC Identification Number

C00766428

Transaction ID : 10899595

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Stivers For Congress

Mailing Address 4679 Winterset Dr

City
Columbus

State
OH

Zip Code
43220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Stivers, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2021

FEC Identification Number

C00441352

Transaction ID : 10907349

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. The Eye of the Tiger PAC

Mailing Address PO Box 2485

City
Springfield

State
VA

Zip Code
22152

Purpose of Disbursement
Void - The Eye of the Tiger PAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2021

FEC Identification Number

C00467431

Transaction ID : 10912504

Amount of Each Disbursement this Period

- 1500.00

Void - The Eye of the Tiger PAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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

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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. Friends Of Schumer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2021

Mailing Address 192 Lexington Avenue
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
Void - Friends Of Schumer

011
Category/ Type

FEC Identification Number

C	C00346312
---	-----------

Transaction ID : 10912505

Amount of Each Disbursement this Period

- 1000.00

Void - Friends Of Schumer

Memo Item

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NY District:

Full Name (Last, First, Middle Initial)

B. Scanlon For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2021

Mailing Address PO Box 263

City Swarthmore State PA Zip Code 19081

Purpose of Disbursement
Void - Scanlon For Congress

011
Category/ Type

FEC Identification Number

C	C00669358
---	-----------

Transaction ID : 10912506

Amount of Each Disbursement this Period

- 1000.00

Void - Scanlon For Congress

Memo Item

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: PA District: 05

Full Name (Last, First, Middle Initial)

C. Across the Aisle PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	06	/	2021

Mailing Address 910 17th St NW
Ste 925

City Washington State DC Zip Code 20006

Purpose of Disbursement
2021 Annual Dues

011
Category/ Type

FEC Identification Number

C	C00696591
---	-----------

Transaction ID : 10922218

Amount of Each Disbursement this Period

5000.00

2021 Annual Dues

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

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**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

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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. PAC Unitatis

Mailing Address 824 S Millidge Avenue
Suite 101

City Athens State GA Zip Code 30605

Purpose of Disbursement
2021 Annual Dues

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2021

FEC Identification Number

C C00693127

Transaction ID : 10922219

Amount of Each Disbursement this Period

5000.00

2021 Annual Dues

Memo Item

Full Name (Last, First, Middle Initial)

B. Tuesday Group PAC

Mailing Address PO Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement
2021 Annual Dues

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2021

FEC Identification Number

C C00433060

Transaction ID : 10922220

Amount of Each Disbursement this Period

5000.00

2021 Annual Dues

Memo Item

Full Name (Last, First, Middle Initial)

C. Blue Dog PAC

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2021 Annual Dues

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2021

FEC Identification Number

C C00305318

Transaction ID : 10922221

Amount of Each Disbursement this Period

5000.00

2021 Annual Dues

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

15000.00

**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

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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. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
2021 Dues

011

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
0	4		0	6		2	0	2	1		

FEC Identification Number

C C00042366

Transaction ID : 10922222

Amount of Each Disbursement this Period

15000.00

2021 Dues

Memo Item

Full Name (Last, First, Middle Initial)

B. CHC Bold PAC

Mailing Address PO Box 75375

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement
2021 Annual Dues

011

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
0	4		0	6		2	0	2	1		

FEC Identification Number

C C00365536

Transaction ID : 10922224

Amount of Each Disbursement this Period

5000.00

2021 Annual Dues

Memo Item

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition PAC (NDC PAC)

Mailing Address 233 Pennsylvania Ave SE
2nd Floor

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Annual Contribution

011

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
0	4		0	6		2	0	2	1		

FEC Identification Number

C C00409730

Transaction ID : 10922230

Amount of Each Disbursement this Period

5000.00

Annual Contribution

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

25000.00

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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Form A: Democratic Congressional Campaign Committee. Includes fields for Mailing Address (430 S Capitol St SE), City (Washington), State (DC), Zip Code (20003), Purpose of Disbursement (2021 Membership), and Disbursement Amount (15000.00).

Form B: Kinzinger For Congress. Includes fields for Mailing Address (PO Box 2365), City (Ottawa), State (IL), Zip Code (61350), Purpose of Disbursement, and Disbursement Amount (5000.00).

Form C: Moran For Kansas. Includes fields for Mailing Address (PO Box 541), City (Belleville), State (KS), Zip Code (66935), Purpose of Disbursement, and Disbursement Amount (1000.00).

SUBTOTAL of Disbursements This Page (optional) 21000.00
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

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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. Brady For Congress

Mailing Address PO Box 8277

City
The Woodlands

State
TX

Zip Code
77387

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brady, Kevin, Patrick, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	06	/	2021

FEC Identification Number

C C00311043

Transaction ID : 10922235

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bera For Congress

Mailing Address PO Box 582496

City
Elk Grove

State
CA

Zip Code
95758

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bera, Ami, , Rep., MD

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	06	/	2021

FEC Identification Number

C C00461061

Transaction ID : 10922236

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City
Sarasota

State
FL

Zip Code
34230

Purpose of Disbursement

011

Category/
Type

Candidate Name

Buchanan, Vernon, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	06	/	2021

FEC Identification Number

C C00412759

Transaction ID : 10922237

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

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

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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. National Republican Congressional Comm.

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2021 Membership

011
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00002931

Transaction ID : 10922238

Amount of Each Disbursement this Period

2021 Membership

Memo Item

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

011
Category/
Type

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify)

State: KY District: 02

Date of Disbursement

/ /

FEC Identification Number

C C00445023

Transaction ID : 10922239

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2021 Membership

011
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00027466

Transaction ID : 10922240

Amount of Each Disbursement this Period

2021 Membership

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

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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. Hoyer For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2021

Mailing Address 700 13th Street Nw
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00140715
---	-----------

Transaction ID : 10922241

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Hoyer, Steny, H., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MD District: 05

Full Name (Last, First, Middle Initial)

B. Lou Correa For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2021

Mailing Address 3230 Arena Blvd
Ste 245-416

City Sacramento State CA Zip Code 95834

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00578302
---	-----------

Transaction ID : 10922242

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Correa, J. Luis, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CA District: 46

Full Name (Last, First, Middle Initial)

C. House Conservatives Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2021

Mailing Address 228 S Washington St
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2021 Annual Membership

011
Category/ Type

FEC Identification Number

C	C00326439
---	-----------

Transaction ID : 10922243

Amount of Each Disbursement this Period

5000.00

2021 Annual Membership

Memo Item

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7000.00

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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

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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. Republican Main Street Partnership

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2021

Mailing Address 1220 L Street, NW
Suite 100-263

City Washington State DC Zip Code 20005

Purpose of Disbursement
2021 Annual Dues

011
Category/ Type

FEC Identification Number

C00165159

Transaction ID : 10922247

Amount of Each Disbursement this Period

5000.00

2021 Annual Dues

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. VIEW PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2021

Mailing Address 3106 Russell Road

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Annual Contribution

011
Category/ Type

FEC Identification Number

C00327189

Transaction ID : 10922248

Amount of Each Disbursement this Period

5000.00

Annual Contribution

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Elect Jim Baird For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2021

Mailing Address P.O. Box 203

City Greencastle State IN Zip Code 46135

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C00662940

Transaction ID : 10922249

Amount of Each Disbursement this Period

1000.00

Memo Item

Office Sought: House Senate President
State: IN District: 04

Disbursement For: 2022 Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

11000.00

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**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

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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. Andy Harris For Congress

Mailing Address PO Box 426

City
Stevensville

State
MD

Zip Code
21666

Purpose of Disbursement

011

Category/
Type

Candidate Name

Harris, Andy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	2	1

FEC Identification Number

C C00435974

Transaction ID : 10922250

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tony Gonzales For Congress

Mailing Address 14439 Nw Military Hwy
Ste 108-488

City
San Antonio

State
TX

Zip Code
78231

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gonzales, Ernest, , , II

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: TX District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	2	1

FEC Identification Number

C C00706614

Transaction ID : 10922251

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Burgess For Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Burgess, Michael, C., Rep., M.D.

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	2	1

FEC Identification Number

C C00372532

Transaction ID : 10922252

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)..... ▶

4000.00

**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

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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. Congressional Black Caucus PAC (cbc-pac)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2021

Mailing Address 227 Massachusetts Avenue, NE

FEC Identification Number

C	C00147512
---	-----------

Transaction ID : 10922262

Amount of Each Disbursement this Period

5000.00

2021 Membership

Memo Item

City Washington State DC Zip Code 20002

Purpose of Disbursement
2021 Membership

011
Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Moderate Democrats PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2021

Mailing Address 303 Massachusetts Ave NE

FEC Identification Number

C	C00436022
---	-----------

Transaction ID : 10922277

Amount of Each Disbursement this Period

5000.00

2021 Membership

Memo Item

City Washington State DC Zip Code 20002

Purpose of Disbursement
2021 Membership

011
Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Friends Of Schumer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		14		2021

Mailing Address 192 Lexington Avenue Suite 1001

FEC Identification Number

C	C00346312
---	-----------

Transaction ID : 10927718

Amount of Each Disbursement this Period

1000.00

2021 Membership

Memo Item

City New York State NY Zip Code 10016

Purpose of Disbursement

011
Category/ Type

Candidate Name
Schumer, Charles, Ellis, Sen.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: NY District:

SUBTOTAL of Disbursements This Page (optional).....▶

11000.00

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

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**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

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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. Raul Ruiz For Congress

Mailing Address PO Box 3433

City
Palm Desert

State
CA

Zip Code
92261

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ruiz, Raul, , Rep., MD

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	14	/	2021

FEC Identification Number

C C00502575

Transaction ID : 10927719

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Thompson For Congress

Mailing Address 5445 Madison Avenue

City
Sacramento

State
CA

Zip Code
95841

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thompson, Mike, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	14	/	2021

FEC Identification Number

C C00326363

Transaction ID : 10927721

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Simpson For Congress

Mailing Address 1487 Parkway Drive

City
Blackfoot

State
ID

Zip Code
83221

Purpose of Disbursement

011

Category/
Type

Candidate Name

Simpson, Mike, K., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	06	/	2021

FEC Identification Number

C C00331397

Transaction ID : 10946242

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

11000.00

**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

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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. Carol For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2021

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00653220
---	-----------

Transaction ID : 10946244

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Miller, Carol, Devine, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: WV District: 03

Full Name (Last, First, Middle Initial)

B. Brian Fitzpatrick For All Of Us

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2021

Mailing Address PO Box 939

City Langhorne State PA Zip Code 19047

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00607416
---	-----------

Transaction ID : 10946245

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

Fitzpatrick, Brian, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 08

Full Name (Last, First, Middle Initial)

C. Friends Of John Thune

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2021

Mailing Address PO Box 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00409581
---	-----------

Transaction ID : 10946247

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Thune, John, R., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: SD District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

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**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

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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. Castor For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2021

Mailing Address 301 W Platt Street, #385

FEC Identification Number

C C00410761

Transaction ID : 10946248

Amount of Each Disbursement this Period

1000.00

Memo Item

City Tampa State FL Zip Code 33606

Purpose of Disbursement

011
Category/
Type

Candidate Name

Castor, Kathy, , ,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: FL District: 11

Full Name (Last, First, Middle Initial)

B. Valadao For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2021

Mailing Address 5132 North Palm Avenue #227

FEC Identification Number

C C00499392

Transaction ID : 10946249

Amount of Each Disbursement this Period

1000.00

Memo Item

City Fresno State CA Zip Code 93704

Purpose of Disbursement

011
Category/
Type

Candidate Name

Valadao, David, , ,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: CA District: 21

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2021

Mailing Address 5445 Madison Avenue

FEC Identification Number

C C00326363

Transaction ID : 10946250

Amount of Each Disbursement this Period

1000.00

Memo Item

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011
Category/
Type

Candidate Name

Thompson, Mike, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: CA District: 05

SUBTOTAL of Disbursements This Page (optional).....▶

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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

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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. Lou Correa For Congress

Mailing Address 3230 Arena Blvd
Ste 245-416

City Sacramento State CA Zip Code 95834

Purpose of Disbursement

011

Category/
Type

Candidate Name

Correa, J. Luis, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CA District: 46

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	6		2	0	2	1		

FEC Identification Number

C C00578302

Transaction ID : 10946251

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr Kim Schrier For Congress

Mailing Address PO Box 2728

City Issaquah State WA Zip Code 98027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schrier, Kim, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: WA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	6		2	0	2	1		

FEC Identification Number

C C00652628

Transaction ID : 10946252

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Catherine Cortez-Masto For Senate

Mailing Address 8020 South Rainbow Blvd
Suite 100-112

City Las Vegas State NV Zip Code 89139

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cortez Masto, Catherine, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	6		2	0	2	1		

FEC Identification Number

C C00575548

Transaction ID : 10946304

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

8500.00

**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

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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. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Category/Type

Candidate Name
Burgess, Michael, C., Rep., M.D.

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: TX District: 26

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10946305
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Hudson For Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement

Category/Type

Candidate Name
Hudson, Richard, L., Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NC District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10946306
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Sasse PAC

Mailing Address 499 S Capitol St, SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Ben Sasse Leadership PAC

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10946307
Amount of Each Disbursement this Period

Ben Sasse Leadership PAC

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:
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<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

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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. Tim Scott For Senate

Mailing Address 1405 Ashley River Rd

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scott, Tim, , Sen.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2021

FEC Identification Number

C C00540302

Transaction ID : 10950044

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bucshon For Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bucshon, Larry, , Rep., MD

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify)

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2021

FEC Identification Number

C C00468256

Transaction ID : 10950045

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Delbene For Congress

Mailing Address PO Box 477

City Kirkland State WA Zip Code 98083

Purpose of Disbursement

011

Category/
Type

Candidate Name

DelBene, Suzan, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: WA District: 01

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2021

FEC Identification Number

C C00459099

Transaction ID : 10950047

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

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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. Wenstrup For Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement

Category/Type

Candidate Name
Wenstrup, Brad, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: OH District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10950050

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Tammy For Illinois

Mailing Address PO Box 10793

City Chicago State IL Zip Code 60610

Purpose of Disbursement

Category/Type

Candidate Name
Duckworth, L. Tammy, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: IL District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10950051

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Van Taylor Campaign

Mailing Address 1900 Preston Road #267 - Pmb 229

City Plano State TX Zip Code 75093

Purpose of Disbursement

Category/Type

Candidate Name
Taylor, Van, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: TX District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10950052

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**

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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

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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. Gary Palmer For Congress

Mailing Address 1919 Oxmoor Rd #235

City
Homewood

State
AL

Zip Code
35209

Purpose of Disbursement

011

Category/
Type

Candidate Name

Palmer, Gary, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: AL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	13	/	2021

FEC Identification Number

C C00551374

Transaction ID : 10950053

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Restoring Our Nation (RON PAC)

Mailing Address 611 Pennsylvania Ave, SE
#396

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Ron Estes Leadership PAC

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
05	/	13	/	2021

FEC Identification Number

C C00649525

Transaction ID : 10950055

Amount of Each Disbursement this Period

5000.00

Ron Estes Leadership PAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Mooney for Congress

Mailing Address PO Box 1863

City
Martinsburg

State
WV

Zip Code
25402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mooney, Alexander, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	20	/	2021

FEC Identification Number

C C00506774

Transaction ID : 10953820

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

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

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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. Bilirakis For Congress

Mailing Address PO Box 606

City
Tarpon Springs

State
FL

Zip Code
34688

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bilirakis, Gus, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	20	/	2021

FEC Identification Number

C00408534

Transaction ID : 10953821

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Paul Tonko For Congress

Mailing Address 911 Central Avenue
221

City
Albany

State
NY

Zip Code
12206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tonko, Paul, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	20	/	2021

FEC Identification Number

C00450049

Transaction ID : 10953822

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Boozman For Arkansas

Mailing Address PO Box 671

City
Rogers

State
AR

Zip Code
72757

Purpose of Disbursement

011

Category/
Type

Candidate Name

Boozman, John, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	20	/	2021

FEC Identification Number

C00476317

Transaction ID : 10953823

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

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

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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. Maggie For NH

Mailing Address PO Box 298

City Concord State NH Zip Code 03302

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hassan, Margaret, Wood, Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2021

FEC Identification Number

C00588772

Transaction ID : 10953825

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr Kim Schrier For Congress

Mailing Address PO Box 2728

City Issaquah State WA Zip Code 98027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schrier, Kim, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify)

State: WA District: 08

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2021

FEC Identification Number

C00652628

Transaction ID : 10953826

Amount of Each Disbursement this Period

1000.00

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, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: MA District: 03

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2021

FEC Identification Number

C00655647

Transaction ID : 10953827

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5500.00

**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

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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. Friends To Elect Dr. Greg Murphy To Congress

Mailing Address PO Box 1131

City Greenville State NC Zip Code 27835

Purpose of Disbursement

011

Category/
Type

Candidate Name

Murphy, Gregory, Francis, Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: NC District: 03

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2021

FEC Identification Number

C00697649

Transaction ID : 10953828

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 400

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011

Category/
Type

Candidate Name

Eshoo, Anna, , ,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify)

State: CA District: 14

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2021

FEC Identification Number

C00258475

Transaction ID : 10967157

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi For Congress

Mailing Address 700 13th Street, Nw
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pelosi, Nancy, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2021

FEC Identification Number

C00213512

Transaction ID : 10967158

Amount of Each Disbursement this Period

1000.00

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)

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<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. Suozzi For Congress

Mailing Address PO Box 669

City: Glen Cove State: NY Zip Code: 11542

Purpose of Disbursement

011
Category/Type

Candidate Name
Suozzi, Thomas, R., Rep.,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼
State: NY District: 03

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2021

FEC Identification Number

C C00607200

Transaction ID : 10967348

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Vicente Gonzalez For Congress

Mailing Address 121 North 10th St

City: Mcallen State: TX Zip Code: 78501

Purpose of Disbursement

011
Category/Type

Candidate Name
Gonzalez, Vicente, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼
State: TX District: 15

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2021

FEC Identification Number

C C00592659

Transaction ID : 10967349

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Julia Brownley For Congress

Mailing Address PO Box 2018

City: Thousand Oaks State: CA Zip Code: 91358

Purpose of Disbursement

011
Category/Type

Candidate Name
Brownley, Julia, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼
State: CA District: 26

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2021

FEC Identification Number

C C00513077

Transaction ID : 10967350

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

**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

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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. Welch For Congress

Mailing Address PO Box 1682

City
Burlington

State
VT

Zip Code
05401

Purpose of Disbursement

011

Category/
Type

Candidate Name

Welch, Peter, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	9		2	0	2	1		

FEC Identification Number

C C00413179

Transaction ID : 10967351

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kurt Schrader For Congress

Mailing Address PO Box 3314

City
Oregon City

State
OR

Zip Code
97045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schrader, Kurt, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: OR District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	9		2	0	2	1		

FEC Identification Number

C C00446906

Transaction ID : 10967352

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Schumer

Mailing Address 192 Lexington Avenue
Suite 1001

City
New York

State
NY

Zip Code
10016

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schumer, Charles, Ellis, Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	9		2	0	2	1		

FEC Identification Number

C C00346312

Transaction ID : 10967353

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

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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. Kinzinger For Congress

Mailing Address PO Box 2365

City
Ottawa

State
IL

Zip Code
61350

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kinzinger, Adam, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	09	/	2021

FEC Identification Number

C C00458877

Transaction ID : 10967354

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: MA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	09	/	2021

FEC Identification Number

C C00655647

Transaction ID : 10967355

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Doggett For Congress

Mailing Address PO Box 5843

City
Austin

State
TX

Zip Code
78763

Purpose of Disbursement

011

Category/
Type

Candidate Name

Doggett, Lloyd, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TX District: 35

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	09	/	2021

FEC Identification Number

C C00286500

Transaction ID : 10967356

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)

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<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. Friends Of Rosa DeLauro

Mailing Address 129 Church St
Ste 818

City New Haven State CT Zip Code 06510

Purpose of Disbursement

011

Category/
Type

Candidate Name

DeLauro, Rosa, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2021

FEC Identification Number

C C00238865

Transaction ID : 10967357

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bridge PAC

Mailing Address 499 South Capitol Street, SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Clyburn 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
06 / 09 / 2021

FEC Identification Number

C C00399196

Transaction ID : 10967358

Amount of Each Disbursement this Period

2500.00

Clyburn LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Brian Higgins For Congress

Mailing Address PO Box 28

City Buffalo State NY Zip Code 14220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Higgins, Brian, M., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NY District: 26

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2021

FEC Identification Number

C C00401034

Transaction ID : 10967359

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

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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. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2021

Mailing Address 430 S Capitol St SE
2nd Floor

FEC Identification Number

C	C00347864
---	-----------

City Washington State DC Zip Code 20003

Transaction ID : 10967360

Purpose of Disbursement Building Fund

011
Category/ Type

Amount of Each Disbursement this Period

15000.00

Candidate Name

Building Fund

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Comm.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2021

Mailing Address 320 First Street, SE

FEC Identification Number

C	C00002931
---	-----------

City Washington State DC Zip Code 20003

Transaction ID : 10967361

Purpose of Disbursement Building Fund

011
Category/ Type

Amount of Each Disbursement this Period

15000.00

Candidate Name

Building Fund

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2021

Mailing Address 425 Second Street, NE

FEC Identification Number

C	C00027466
---	-----------

City Washington State DC Zip Code 20002

Transaction ID : 10967362

Purpose of Disbursement Legal Fund

011
Category/ Type

Amount of Each Disbursement this Period

15000.00

Candidate Name

Legal Fund

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

45000.00

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

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**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

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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. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	09	/	2021

Mailing Address 120 Maryland Avenue, NE

FEC Identification Number

C	C00042366
---	-----------

Transaction ID : 10967363

Amount of Each Disbursement this Period

15000.00

Building Fund

Memo Item

City Washington State DC Zip Code 20002

Purpose of Disbursement Building Fund

011
Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	09	/	2021

Mailing Address Box 137

FEC Identification Number

C	C00390476
---	-----------

Transaction ID : 10967368

Amount of Each Disbursement this Period

2500.00

Memo Item

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011
Category/Type

Candidate Name

McMorris Rodgers, Cathy, , ,
 Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: WA District: 05

Full Name (Last, First, Middle Initial)

C. Beth Van Duyne For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	09	/	2021

Mailing Address PO Box 630167

FEC Identification Number

C	C00714865
---	-----------

Transaction ID : 10967369

Amount of Each Disbursement this Period

1000.00

Memo Item

City Irving State TX Zip Code 75063

Purpose of Disbursement

011
Category/Type

Candidate Name

Van Duyne, Elizabeth, Ann, Rep.,
 Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: TX District: 24

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

18500.00

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**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)

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<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. Kay Granger Campaign Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2021

Mailing Address 1701 River Run
Ste 308

City Fort Worth State TX Zip Code 76107

FEC Identification Number

C C00310532

Transaction ID : 10967370

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Granger, Kay, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TX District: 12

Full Name (Last, First, Middle Initial)

B. Mike Crapo For US Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2021

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

FEC Identification Number

C C00330886

Transaction ID : 10967372

Amount of Each Disbursement this Period

2000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Crapo, Mike, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: ID District:

Full Name (Last, First, Middle Initial)

C. Boozman For Arkansas

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2021

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

FEC Identification Number

C C00476317

Transaction ID : 10967373

Amount of Each Disbursement this Period

1500.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Boozman, John, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: AR District:

SUBTOTAL of Disbursements This Page (optional).....▶

4500.00

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

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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. Boozman For Arkansas

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2021

Mailing Address PO Box 671

FEC Identification Number

C	C00476317
---	-----------

City Rogers	State AR	Zip Code 72757
----------------	-------------	-------------------

Transaction ID : 10967374

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

500.00

Candidate Name

Boozman, John, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: AR District:

Memo Item

Full Name (Last, First, Middle Initial)

B. Families For James Lankford

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2021

Mailing Address PO Box 1639

FEC Identification Number

C	C00466482
---	-----------

City Bethany	State OK	Zip Code 73008
-----------------	-------------	-------------------

Transaction ID : 10967375

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

500.00

Candidate Name

Lankford, James, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OK District:

Memo Item

Full Name (Last, First, Middle Initial)

C. Families For James Lankford

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2021

Mailing Address PO Box 1639

FEC Identification Number

C	C00466482
---	-----------

City Bethany	State OK	Zip Code 73008
-----------------	-------------	-------------------

Transaction ID : 10967376

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Lankford, James, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OK District:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

2000.00

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

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**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

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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. Lisa Murkowski For US Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement

Category/Type

Candidate Name
Murkowski, Lisa, , Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: AK District:

Date of Disbursement
MM / DD / YYYY
06 / 09 / 2021

FEC Identification Number
C C00384529
Transaction ID : 10967378
Amount of Each Disbursement this Period
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Scott For Senate

Mailing Address 1405 Ashley River Rd

City Charleston State SC Zip Code 29407

Purpose of Disbursement

Category/Type

Candidate Name
Scott, Tim, , Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: SC District:

Date of Disbursement
MM / DD / YYYY
06 / 09 / 2021

FEC Identification Number
C C00540302
Transaction ID : 10967379
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Todd Young, Inc.

Mailing Address PO Box 3743

City Carmel State IN Zip Code 46082

Purpose of Disbursement

Category/Type

Candidate Name
Young, Todd, Christopher, Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: IN District: 01

Date of Disbursement
MM / DD / YYYY
06 / 09 / 2021

FEC Identification Number
C C00459255
Transaction ID : 10967382
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)..... ▶

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

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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. Next Century Fund

Mailing Address 116 South Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Richard Burr 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
06		09		2021

FEC Identification Number
C C00343947
Transaction ID : 10967383
 Amount of Each Disbursement this Period
 500.00
 Richard Burr LPAC
 Memo Item

Full Name (Last, First, Middle Initial)

B. Dakota PAC

Mailing Address PO Box 3206

City Bismark State ND Zip Code 58502

Purpose of Disbursement
John Hoeven 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
06		09		2021

FEC Identification Number
C C00493072
Transaction ID : 10967385
 Amount of Each Disbursement this Period
 500.00
 John Hoeven LPAC
 Memo Item

Full Name (Last, First, Middle Initial)

C. Brady For Congress

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement
Void - Brady For Congress

011
Category/ Type

Candidate Name
Brady, Kevin, Patrick, Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2021

FEC Identification Number
C C00311043
Transaction ID : 10967914
 Amount of Each Disbursement this Period
 - 1500.00
 Void - Brady For Congress
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

- 500.00

**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

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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. Tuesday Group PAC

Mailing Address PO Box 11586

City
Washington

State
DC

Zip Code
20008

Purpose of Disbursement
Void - Tuesday Group PAC

011

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
0	6		1	7		2	0	2	1

FEC Identification Number

C C00433060

Transaction ID : 10970431

Amount of Each Disbursement this Period

- 5000.00

Void - Tuesday Group PAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Crapo For US Senate

Mailing Address PO Box 1948

City
Boise

State
ID

Zip Code
83701

Purpose of Disbursement

011

Category/
Type

Candidate Name

Crapo, Mike, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	2	1

FEC Identification Number

C C00330886

Transaction ID : 10971718

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kustoff For Congress

Mailing Address 1661 Aaron Brenner Dr
Ste 300

City
Memphis

State
TN

Zip Code
38120

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kustoff, David, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	2	1

FEC Identification Number

C C00614826

Transaction ID : 10971719

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

0.00

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

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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. Diana For Congress

Mailing Address PO Box 7208

City
Kingsport

State
TN

Zip Code
37664

Purpose of Disbursement

011

Category/
Type

Candidate Name

Harshbarger, Diana, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: TN

District: 01

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2021

FEC Identification Number

C C00741090

Transaction ID : 10971720

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Katko For Congress

Mailing Address 228 S Washington St
Ste 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Katko, John, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: NY

District: 24

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2021

FEC Identification Number

C C00556365

Transaction ID : 10971721

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Drew Ferguson For Congress Inc.

Mailing Address PO Box 71067

City
Newnan

State
GA

Zip Code
30271

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ferguson, A. Drew, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: GA

District: 03

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2021

FEC Identification Number

C C00607838

Transaction ID : 10971723

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6000.00

**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

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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 1002 Logan Blvd
Ste 114 #237

City Altoona State PA Zip Code 16602

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joyce, John, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2021

FEC Identification Number

C C00674259

Transaction ID : 10971724

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Salazar For Congress

Mailing Address 47 Flintlock Drive
P.O. Box 677

City Shirley State NY Zip Code 11967

Purpose of Disbursement

011

Category/
Type

Candidate Name

Salazar, Maria, Elvira, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: FL District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2021

FEC Identification Number

C C00714261

Transaction ID : 10971725

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Simpson For Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement

011

Category/
Type

Candidate Name

Simpson, Mike, K., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2021

FEC Identification Number

C C00331397

Transaction ID : 10971726

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

**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

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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, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: SC

District: 07

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2021

FEC Identification Number

C00506048

Transaction ID : 10971727

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Miller-Meeks For Congress

Mailing Address PO Box 33

City
Ottumwa

State
IA

Zip Code
52501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Miller-Meeks, Mariannette, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: IA

District: 02

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2021

FEC Identification Number

C00558825

Transaction ID : 10971730

Amount of Each Disbursement this Period

2500.00

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: 2022

Primary General
 Other (specify) ▼

State: IL

District: 08

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2021

FEC Identification Number

C00575092

Transaction ID : 10971731

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

10000.00

**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

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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. Alex Padilla For Senate

Mailing Address 777 S. Figueroa St
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Padilla, Alex, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2021

FEC Identification Number

C C00765164

Transaction ID : 10971746

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Chris Pappas For Congress

Mailing Address PO Box 313

City Manchester State NH Zip Code 03105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pappas, Chris, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: NH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2021

FEC Identification Number

C C00660464

Transaction ID : 10971747

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Common Values PAC

Mailing Address 406 Virginia Ave

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Barrasso 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
06	/	21	/	2021

FEC Identification Number

C C00442368

Transaction ID : 10971748

Amount of Each Disbursement this Period

5000.00
Barrasso LPAC

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

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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. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wyden, Ron, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2021

FEC Identification Number

C C00308676

Transaction ID : 10971749

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mrvan For Congress

Mailing Address PO Box 55

City Crown Point State IN Zip Code 46308

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mrvan, Frank, John, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: IN District: 01

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2021

FEC Identification Number

C C00727529

Transaction ID : 10971750

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Balderson For Congress

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Balderson, William, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2021

FEC Identification Number

C C00662650

Transaction ID : 10971751

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

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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. Kuster For Congress, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2021

Mailing Address PO Box 1498

FEC Identification Number

C C00462861

Transaction ID : 10971752

Amount of Each Disbursement this Period

1000.00

Memo Item

City
Concord

State
NH

Zip Code
03302

Purpose of Disbursement

011
Category/
Type

Candidate Name

Kuster, Ann, McLane, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NH District: 02

Full Name (Last, First, Middle Initial)

B. Scanlon For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2021

Mailing Address PO Box 263

FEC Identification Number

C C00669358

Transaction ID : 10971753

Amount of Each Disbursement this Period

1000.00

Memo Item

City
Swarthmore

State
PA

Zip Code
19081

Purpose of Disbursement

011
Category/
Type

Candidate Name

Scanlon, Mary, Gay, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 05

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2021

Mailing Address PO Box 9639

FEC Identification Number

C C00445023

Transaction ID : 10971754

Amount of Each Disbursement this Period

2500.00

Memo Item

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement

011
Category/
Type

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: KY District: 02

SUBTOTAL of Disbursements This Page (optional).....▶

4500.00

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

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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. Giddy Up PAC

Mailing Address 3858 Walnut Street

City Denver State CO Zip Code 80205

Purpose of Disbursement
Hickenlooper LPAC

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10971755
Amount of Each Disbursement this Period

Memo Item
Hickenlooper LPAC

Full Name (Last, First, Middle Initial)

B. David Scott For Congress

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

Category/
Type

Candidate Name
Scott, David, Albert, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify)
State: GA District: 13

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10971756
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Mailing Address 1405 Ashley River Rd

City Charleston State SC Zip Code 29407

Purpose of Disbursement

Category/
Type

Candidate Name
Scott, Tim, , Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: SC District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10971757
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

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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. Southern California Fund

Mailing Address 777 S Figueroa Street
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Sherman LPAC

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10971758

Amount of Each Disbursement this Period

Sherman LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Ted Lieu For Congress

Mailing Address 777 S. Figueroa St.
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

Category/
Type

Candidate Name
Lieu, Ted, W., Rep.,

Office Sought: House Senate President
State: CA District: 33

Disbursement For: 2022 Primary General Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10971760

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Making America Prosperous

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement
Brady LPAC

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10971761

Amount of Each Disbursement this Period

Brady LPAC

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

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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. People For Derek Kilmer

Mailing Address PO Box 1381

City
Tacoma

State
WA

Zip Code
98402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kilmer, Derek, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	9		2	0	2	1		

FEC Identification Number

C00514893

Transaction ID : 10976831

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tuesday Group PAC

Mailing Address PO Box 11586

City
Washington

State
DC

Zip Code
20008

Purpose of Disbursement
Leadership PAC

011

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
0	6		2	9		2	0	2	1		

FEC Identification Number

C00433060

Transaction ID : 10976832

Amount of Each Disbursement this Period

5000.00

Leadership PAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Susan Wright For Congress

Mailing Address PO Box 173485

City
Arlington

State
TX

Zip Code
76003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wright, Susan, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2021
 Primary General
 Other (specify) ▼

State: TX District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	9		2	0	2	1		

FEC Identification Number

C00770420

Transaction ID : 10976833

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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

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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. Feenstra For Congress

Mailing Address 641 2nd St

City
Hull

State
IA

Zip Code
51239

Purpose of Disbursement

011

Category/
Type

Candidate Name

Feenstra, Randall, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2021

FEC Identification Number

C C00693663

Transaction ID : 10976834

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ashley Hinson For Congress

Mailing Address PO Box 811

City
Marion

State
IA

Zip Code
52302

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hinson Arenholz, Ashley, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: IA District: 01

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2021

FEC Identification Number

C C00706267

Transaction ID : 10976837

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hoyer For Congress

Mailing Address 700 13th Street Nw
Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hoyer, Steny, H., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2021

FEC Identification Number

C C00140715

Transaction ID : 10976838

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

5500.00

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

365000.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Dickson, Kyle, F, , MD, FAAOS

Full Name (Last, First, Middle Initial)

Mailing Address 4925 Pine Street

City **Bellaire** State **TX** Zip Code **77401-5330**

Purpose of Disbursement
Refund erroneous contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **05 / 20 / 2021**

FEC Identification Number: **C**

Transaction ID : 10953889

Amount of Each Disbursement this Period: **1000.00**

Refund erroneous contribution

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

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

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. Democratic Governors Association

Mailing Address 1225 Eye St, NW
Ste 1100

City Washington State DC Zip Code 20005-3418

Purpose of Disbursement Sponsorship of DGA activities at the Democratic National Convention in 2008

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10912493

Amount of Each Disbursement this Period

Memo Item Sponsorship of DGA activities at the Democratic National Convention in 2008

Full Name (Last, First, Middle Initial)

B. Democratic Governors Association

Mailing Address 1225 Eye St, NW
Ste 1100

City Washington State DC Zip Code 20005-3418

Purpose of Disbursement Inaugural Ball Sponsorship from 2008

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10912496

Amount of Each Disbursement this Period

Memo Item Inaugural Ball Sponsorship from 2008

Full Name (Last, First, Middle Initial)

C. Creative Coalition, The

Mailing Address 1100 Avenue of the Americas

City New York State NY Zip Code 10036-6712

Purpose of Disbursement Inaugural Ball Sponsorship Package from 2008

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10912498

Amount of Each Disbursement this Period

Memo Item Inaugural Ball Sponsorship Package from 2008

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. Republican Governors Association

Mailing Address 1747 Pennsylvania Ave, NW
Ste 250

City Washington State DC Zip Code 20006

Purpose of Disbursement
2021 Membership

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2021

FEC Identification Number

C
Transaction ID : 10922231
Amount of Each Disbursement this Period
12500.00

2021 Membership
 Memo Item

Full Name (Last, First, Middle Initial)

B. Democratic Governors Association

Mailing Address 1225 Eye St, NW
Ste 1100

City Washington State DC Zip Code 20005-3418

Purpose of Disbursement
2021 Dues

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2021

FEC Identification Number

C
Transaction ID : 10922280
Amount of Each Disbursement this Period
12500.00

2021 Dues
 Memo Item

Full Name (Last, First, Middle Initial)

C. Republican Governors Association

Mailing Address 1747 Pennsylvania Ave, NW
Ste 250

City Washington State DC Zip Code 20006

Purpose of Disbursement
2021 Dues

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

012
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2021

FEC Identification Number

C
Transaction ID : 10967366
Amount of Each Disbursement this Period
12500.00

2021 Dues
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

37500.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. Democratic Governors Association

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2021

Mailing Address 1225 Eye St, NW
Ste 1100

City
Washington

State
DC

Zip Code
20005-3418

FEC Identification Number

C []

Transaction ID : 10967367

Amount of Each Disbursement this Period

[] 12500.00

2021 Dues

Memo Item

Purpose of Disbursement
2021 Dues

012

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 12500.00

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

[] 175000.00