

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 / 01 / 2021 through 12 / 31 / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Igram, M, , Cassim, MD,FAAOS Type or Print Name of Treasurer

Signature of Treasurer Igram, M, , Cassim, MD,FAAOS [Electronically Filed] Date 01 / 31 / 2022

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>		475730.72
(b) Cash on Hand at Beginning of Reporting Period.....	467706.99	
(c) Total Receipts (from Line 19)	475262.65	1022999.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	942969.64	1498730.58
7. Total Disbursements (from Line 31).....	371741.12	927502.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	571228.52	571228.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	438839.09	922665.37
(ii) Unitemized	34381.50	93292.43
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	473220.59	1015957.80
(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)	473220.59	1015957.80
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).....	42.06	42.06
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2000.00	2000.00
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)).....▶	475262.65	1022999.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	475262.65	1022999.86

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	11591.12	26352.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11591.12	26352.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	358500.00	723500.00
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	1650.00	2650.00
(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)).....	1650.00	2650.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	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)) ..	371741.12	927502.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	371741.12	927502.06

DETAILED SUMMARY PAGE
of Disbursements

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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)	473220.59	1015957.80
34. Total Contribution Refunds (from Line 28(d))	1650.00	2650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	471570.59	1013307.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	11591.12	26352.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	42.06	42.06
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11549.06	26310.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 551
	<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. 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 ▼ 595.00

Date of Receipt 07 / 01 / 2021
Transaction ID : 10977653
 Amount of Each Receipt this Period 85.00
 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 ▼ 750.00

Date of Receipt 07 / 02 / 2021
Transaction ID : 10977850
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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 ▼ 588.00

Date of Receipt 07 / 02 / 2021
Transaction ID : 10977851
 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 7 OF 551
	<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. 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 ▼ 800.00

Date of Receipt 07 / 02 / 2021
Transaction ID : 10977852
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 ▼ 588.00

Date of Receipt 07 / 02 / 2021
Transaction ID : 10977853
 Amount of Each Receipt this Period 84.00
 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 ▼ 750.00

Date of Receipt 07 / 03 / 2021
Transaction ID : 10978175
 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 8 OF 551
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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. Stokesbary, Steven, J, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 627 Arrowhead Ct
 City State Zip Code
 Dakota Dunes SD 57049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 CNOS Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 04 / 2021
Transaction ID : 10978176
 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 State Zip Code
 Little Rock AR 72212
 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 ▼
 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 04 / 2021
Transaction ID : 10978177
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Prohaska, Matthew, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 Griggs Hill Road
 City State Zip Code
 Danville VT 05828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NVRH Orthopaedic Clinic 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
 07 / 04 / 2021
Transaction ID : 10978178
 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 9 OF 551
<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. Lemos, Mark, J, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1164 Ocean Blvd

City Rye	State NH	Zip Code 03870
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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
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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
07	/	04	/	2021

Transaction ID : 10978180

Amount of Each Receipt this Period
500.00

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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2021

Transaction ID : 10978181

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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2021

Transaction ID : 10978182

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	784.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. 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
 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 ▼ 750.00

Date of Receipt 07 / 06 / 2021
Transaction ID : 10979065
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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
 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 ▼ 588.00

Date of Receipt 07 / 06 / 2021
Transaction ID : 10979066
 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 ▼ 588.00

Date of Receipt 07 / 06 / 2021
Transaction ID : 10979067
 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 11 OF 551
	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Emanate Health	Occupation (for Individual) Orthopaedic Surgeon
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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
07		06		2021

Transaction ID : 10979068

Amount of Each Receipt this Period
50.00

Memo Item

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

Name of Employer (for Individual) Cohen & Pushkin MD PA	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
07		06		2021

Transaction ID : 10979069

Amount of Each Receipt this Period
250.00

Memo Item

C. Fleeter, Thomas, B, , MD,MBA,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1860 Town Center Dr
Ste 300

City Reston	State VA	Zip Code 20190
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Town Center Orthopaedic Assoc	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
07		06		2021

Transaction ID : 10980623

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 551
	<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. 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
 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 ▼ 1225.00

Date of Receipt 07 / 07 / 2021
Transaction ID : 10980626
 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) ASPIRUS Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 07 / 2021
Transaction ID : 10980629
 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 ▼ 588.00

Date of Receipt 07 / 07 / 2021
Transaction ID : 10980630
 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 13 OF 551
	<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. 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
--------------------	-------------	-------------------

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 ▼
416.65

Date of Receipt

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

Transaction ID : 10980631

Amount of Each Receipt this Period
83.33

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
---------------------	-------------	-------------------

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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2021

Transaction ID : 10980844

Amount of Each Receipt this Period
100.00

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
----------------	-------------	-------------------

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 ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2021

Transaction ID : 10980845

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1183.33
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 14 OF 551
	<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
 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 ▼ 1092.00

Date of Receipt 07 / 08 / 2021
Transaction ID : 10980846
 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 Road
 City Riverside State CT Zip Code 06878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Orthopaedic & Neurosurgery Specialists Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 09 / 2021
Transaction ID : 10981295
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Matson, Paul, C, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1431 Premier Drive
 City Mankato State MN Zip Code 56001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Orthopedic and Fracture Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2021
Transaction ID : 10981476
 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 15 OF 551
	<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. 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
 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 ▼ 750.00

Date of Receipt 07 / 11 / 2021
Transaction ID : 10981480
 Amount of Each Receipt this Period 250.00
 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
 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 ▼ 588.00

Date of Receipt 07 / 11 / 2021
Transaction ID : 10981481
 Amount of Each Receipt this Period 84.00
 Memo Item

C. 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
 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 ▼ 588.00

Date of Receipt 07 / 12 / 2021
Transaction ID : 10981556
 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 16 OF 551
	<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. Marinello, Patrick, Gaetano, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 Bradhaven Rd
 City Slingerlands State NY Zip Code 12159
 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 ▼ 688.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2021
Transaction ID : 10981557
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Dodds, Julie, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 90th Ave
 City Lone Rock State IA Zip Code 50559
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2021
Transaction ID : 10981558
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. 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
 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 ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2021
Transaction ID : 10981559
 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 17 OF 551
	<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. 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) Orthopaedic Center for Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 12 / 2021
Transaction ID : 10981560
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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 ▼ 588.00

Date of Receipt 07 / 12 / 2021
Transaction ID : 10981561
 Amount of Each Receipt this Period 84.00
 Memo Item

C. 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
 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 ▼ 588.00

Date of Receipt 07 / 12 / 2021
Transaction ID : 10981562
 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 18 OF 551		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. 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
 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 ▼ 588.00

Date of Receipt 07 / 13 / 2021
Transaction ID : 10985247
 Amount of Each Receipt this Period 84.00
 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 ▼ 700.00

Date of Receipt 07 / 13 / 2021
Transaction ID : 10985248
 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
 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 ▼ 588.00

Date of Receipt 07 / 14 / 2021
Transaction ID : 10985411
 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 19 OF 551
	<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. Service, Benjamin, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8710 Crestgate Circle
 City Orlando State FL Zip Code 32819
 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 ▼ 336.00

Date of Receipt 07 / 15 / 2021
Transaction ID : 10985925
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Jamison, James, P, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7092 Killdeer Drive
 City Canfield State OH Zip Code 44406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Youngstown Orthopaedic Associates, Ltd Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 16 / 2021
Transaction ID : 10987796
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Smith, Jeffrey, Mark, , MD,CPC,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5865 Friars Rd Unit 3310
 City San Diego State CA Zip Code 92110
 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 ▼ 750.00

Date of Receipt 07 / 16 / 2021
Transaction ID : 10987797
 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 20 OF 551
	<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, 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
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2021

Transaction ID : 10987798

Amount of Each Receipt this Period
84.00

Memo Item

B. 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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2021

Transaction ID : 10987799

Amount of Each Receipt this Period
250.00

Memo Item

C. 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
-----------------	-------------	-------------------

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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2021

Transaction ID : 10987943

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 21 OF 551
	<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. 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
 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 ▼ 1750.00

Date of Receipt **07 / 17 / 2021**
Transaction ID : 10987944
 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
 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 ▼ 750.00

Date of Receipt **07 / 17 / 2021**
Transaction ID : 10987945
 Amount of Each Receipt this Period 250.00
 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
 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 ▼ 588.00

Date of Receipt **07 / 17 / 2021**
Transaction ID : 10987946
 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 22 OF 551
	<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. 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
 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 ▼ 750.00

Date of Receipt 07 / 17 / 2021
Transaction ID : 10987947
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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
 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 ▼ 294.00

Date of Receipt 07 / 17 / 2021
Transaction ID : 10987948
 Amount of Each Receipt this Period 42.00
 Memo Item

C. 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
 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 ▼ 588.00

Date of Receipt 07 / 18 / 2021
Transaction ID : 10987957
 Amount of Each Receipt this Period 84.00
 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: (check only one)	PAGE 23 OF 551
	<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. Carnduff, Mary, Foley, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1909 Rhode Island Ave
 City McLean State VA Zip Code 22101
 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 **07 / 18 / 2021**
Transaction ID : 10987958
 Amount of Each Receipt this Period 250.00
 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
 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 ▼ 588.00

Date of Receipt **07 / 19 / 2021**
Transaction ID : 10987979
 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 738 Newman Rd
 City New Bern State NC Zip Code 28562
 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 ▼ 588.00

Date of Receipt **07 / 19 / 2021**
Transaction ID : 10987980
 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 24 OF 551
	<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. Cooper, Scott, Snow, , MD,FAOS

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

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 ▼ 588.00

Date of Receipt
07 / 19 / 2021
Transaction ID : 10987981

Amount of Each Receipt this Period
84.00

Memo Item

B. Urband, Lindsey, , , MD,FAOS

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) Occupation (for Individual)
San Diego Hand Specialists Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt
07 / 06 / 2021
Transaction ID : 10988527

Amount of Each Receipt this Period
84.00

Memo Item

C. Delanois, Ronald, Emilio, , MD,FAOS

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) Occupation (for Individual)
Lifebridge Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
07 / 06 / 2021
Transaction ID : 10988529

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 25 OF 551
	<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, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9207 Duncaster Ct
 City Brentwood State TN Zip Code 37027
 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 ▼ 588.00

Date of Receipt 07 / 06 / 2021
Transaction ID : 10988530
 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 ▼ 588.00

Date of Receipt 07 / 06 / 2021
Transaction ID : 10988534
 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 ▼ 588.00

Date of Receipt 07 / 06 / 2021
Transaction ID : 10988536
 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 26 OF 551
	<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 1 E Lexington Ave
Unit 1404

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2021

Transaction ID : 10988538

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
--------------------	-------------	-------------------

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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2021

Transaction ID : 10988539

Amount of Each Receipt this Period
84.00

Memo Item

C. Abboud, Joseph, A, , MD,FAAOS

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

Mailing Address 726 Conestoga Rd

City Bryn Mawr	State PA	Zip Code 19010
-------------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2021

Transaction ID : 10988541

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 27 OF 551
	<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. Bosco, Joseph, A, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 Bleecker St
Apt 6A

City New York State NY Zip Code 10012

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 ▼ 1000.00

Date of Receipt 07 / 12 / 2021
Transaction ID : 10988543

Amount of Each Receipt this Period 1000.00

Memo Item

B. Beverley, Laurel, A, , MD,MPH,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 W Lakeside Ave #806

City Cleveland State OH Zip Code 44113

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

Name of Employer (for Individual) MetroHealth Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 12 / 2021
Transaction ID : 10988544

Amount of Each Receipt this Period 1000.00

Memo Item

C. Ferkel, Richard, D, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6815 Noble Ave

City Van Nuys State CA Zip Code 91405-6515

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

Name of Employer (for Individual) Southern California Ortho Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 12 / 2021
Transaction ID : 10988545

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 28 OF 551
	<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. Samson, Marc, Arnold, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 Montrose Ave

City South Pasadena	State CA	Zip Code 91030
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Los Angeles Orthopaedic Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
512.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2021

Transaction ID : 10988546

Amount of Each Receipt this Period
512.82

Memo Item

B. 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
-------------------	-------------	-------------------

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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2021

Transaction ID : 10988547

Amount of Each Receipt this Period
84.00

Memo Item

C. Parsley, Brian, S, , MD,FAOS,F
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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2021

Transaction ID : 10988548

Amount of Each Receipt this Period
84.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	680.82
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 551
<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. 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 ▼ 588.00

Date of Receipt 07 / 13 / 2021
Transaction ID : 10988549
 Amount of Each Receipt this Period 84.00
 Memo Item

B. DiCaprio, Matthew, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2028 Dobie Lane
 City Schenectady State NY Zip Code 12303
 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 ▼ 750.00

Date of Receipt 07 / 14 / 2021
Transaction ID : 10988550
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Roberson, Rowland, M, , MD, FAOS
 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 ▼ 588.00

Date of Receipt 07 / 14 / 2021
Transaction ID : 10988551
 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 30 OF 551
	<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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2021

Transaction ID : 10988552

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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2021

Transaction ID : 10988553

Amount of Each Receipt this Period
84.00

Memo Item

C. Stocks, Gregory, William, , MD,FAAOS

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

Mailing Address 5207 Valerie

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) Texas Orthopedic 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
07		20		2021

Transaction ID : 10989078

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 31 OF 551
	<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. Zoltan, Donald, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1081 East Circle Dr

City Milwaukee	State WI	Zip Code 53217
-------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2021

Transaction ID : 10989464

Amount of Each Receipt this Period
500.00

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
--------------------	-------------	-------------------

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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2021

Transaction ID : 10989477

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
581.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2021

Transaction ID : 10989478

Amount of Each Receipt this Period
83.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	667.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (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 551
	<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. Jones, Lowry, , , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2609 W 65th St
 City Mission Hills State KS Zip Code 66208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kansas City Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 07 / 21 / 2021
Transaction ID : 10989487
 Amount of Each Receipt this Period 3000.00
 Memo Item

B. Zilberfarb, Jeffrey, L, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 Beacon Street Suite 5W
 City Brookline State MA Zip Code 02446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Meeks and Zilberfarb Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 21 / 2021
Transaction ID : 10989603
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Bruggeman, Adam, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 La Escalera
 City San Antonio State TX Zip Code 78261
 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 07 / 21 / 2021
Transaction ID : 10989653
 Amount of Each Receipt this Period 2000.00
 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 33 OF 551
	<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. 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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2021

Transaction ID : 10990721

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 ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2021

Transaction ID : 10990723

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
---------------------	-------------	-------------------

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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2021

Transaction ID : 10990724

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 34 OF 551
	<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,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3100 Crestwood Lane

City Columbia	State MO	Zip Code 65203
------------------	-------------	-------------------

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 ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2021

Transaction ID : 10990725

Amount of Each Receipt this Period
42.00

Memo Item

B. Plancher, Kevin, D, , MD,MPH,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Pheasant Lane

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

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

Name of Employer (for Individual) Ortho Foundation For Active Lifestyles	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
07		22		2021

Transaction ID : 10990941

Amount of Each Receipt this Period
5000.00

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 ▼
623.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2021

Transaction ID : 10993657

Amount of Each Receipt this Period
89.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5131.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 551
	<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. Russell, George, V, , Jr, MD,MBA
 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 ▼ 630.00

Date of Receipt 07 / 20 / 2021
Transaction ID : 10993658
 Amount of Each Receipt this Period 90.00
 Memo Item

B. 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 ▼ 500.00

Date of Receipt 07 / 20 / 2021
Transaction ID : 10993659
 Amount of Each Receipt this Period 250.00
 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 ▼ 291.69

Date of Receipt 07 / 20 / 2021
Transaction ID : 10993660
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	381.67
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 36 OF 551
	<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. 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 ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2021

Transaction ID : 10993661

Amount of Each Receipt this Period
41.67

Memo Item

B. 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 ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2021

Transaction ID : 10993662

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 ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2021

Transaction ID : 10993663

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 37 OF 551
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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. Grear, Benjamin, J, , MD,FAOS
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 ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2021

Transaction ID : 10993665

Amount of Each Receipt this Period
41.67

Memo Item

B. Guyton, James, L, , MD,FAOS
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
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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 ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2021

Transaction ID : 10993666

Amount of Each Receipt this Period
41.67

Memo Item

C. Harkess, James, W, , MD,FAOS
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) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2021

Transaction ID : 10993667

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 38 OF 551
	<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. 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 ▼ 291.69

Date of Receipt 07 / 20 / 2021
Transaction ID : 10993668
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Kelly, Derek, Michael, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave Suite 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 ▼ 291.69

Date of Receipt 07 / 20 / 2021
Transaction ID : 10993669
 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) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 20 / 2021
Transaction ID : 10993672
 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 39 OF 551
	<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. 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 ▼ 291.69

Date of Receipt 07 / 20 / 2021

Transaction ID : 10993673

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 ▼ 291.69

Date of Receipt 07 / 20 / 2021

Transaction ID : 10993675

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 ▼ 291.69

Date of Receipt 07 / 20 / 2021

Transaction ID : 10993676

Amount of Each Receipt this Period 41.67

Memo Item

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

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

125.01

**SCHEDULE A (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 551
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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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. 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2021
Transaction ID : 10993677
 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2021
Transaction ID : 10993678
 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2021
Transaction ID : 10993680
 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 41 OF 551
(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. 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
 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 ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2021
Transaction ID : 10993681
 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
 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 ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2021
Transaction ID : 10993682
 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
 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 ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2021
Transaction ID : 10993683
 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 42 OF 551
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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. 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 ▼ 291.69

Date of Receipt **07 / 20 / 2021**
Transaction ID : 10993684
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Porter, David, Allen, , MD,PhD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Pennsylvania Pkwy #100
 City Indianapolis State IN Zip Code 46280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Methodist Sports Medicine Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 22 / 2021**
Transaction ID : 10993721
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Walsh, Christopher, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 Newhaven Dr
 City Fayetteville State GA Zip Code 30215-2390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Resurgens Orthopaedics Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 22 / 2021**
Transaction ID : 10993726
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 791.67
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 43 OF 551
	<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. Rhoad, Robert, Clark, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6685 Wyman Ln
 City Cincinnati State OH Zip Code 45243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wellington Orthopaedic & Sport Medicin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2021
Transaction ID : 10993766
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Barber, Thomas, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 East 63rd Street Apartment 7L
 City New York City State NY Zip Code 10065
 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 ▼ 750.00

Date of Receipt 07 / 23 / 2021
Transaction ID : 10996727
 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
 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 ▼ 750.00

Date of Receipt 07 / 23 / 2021
Transaction ID : 10996728
 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 44 OF 551
<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. Ede, David, E, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 High Meadow Drive
 City Charleston State WV Zip Code 25311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Trauma Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 23 / 2021
Transaction ID : 10996729
 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 2660B Greenbriar Lane
 City Annapolis State MD Zip Code 21401
 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 ▼ 588.00

Date of Receipt 07 / 23 / 2021
Transaction ID : 10996730
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Strauss, Eric, Jason, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Penn Road
 City Scarsdale State NY Zip Code 10583
 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 07 / 23 / 2021
Transaction ID : 10996733
 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 45 OF 551
<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. Brooks, James, Gordon, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4964 Mazanec Rd
 City Waco State TX Zip Code 76705-6125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dallas Bone and Joint Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2021
Transaction ID : 10996882
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Novotny, Joseph, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 Norbloom Ave
 City Bloomington State IL Zip Code 61701
 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 07 / 23 / 2021
Transaction ID : 11035150
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Lenters, Tim, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 653 Bradford Farms Lane NE
 City Grand Rapids State MI Zip Code 49525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Assoc of Michigan Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2021
Transaction ID : 11035156
 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 46 OF 551
<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. Sandmeier, Robert, H, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2038 NW 127th Pl

City Portland	State OR	Zip Code 97229
------------------	-------------	-------------------

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

Name of Employer (for Individual) The Portland 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
07	/	23	/	2021

Transaction ID : 11035176

Amount of Each Receipt this Period
500.00

Memo Item

B. Gill, Paramjeet, Singh, , MD,FAOS,F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4105 Stone Valley Oaks Dr

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

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2021

Transaction ID : 11035180

Amount of Each Receipt this Period
500.00

Memo Item

C. Gainor, John, W, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1200

City Santa Barbara	State CA	Zip Code 93102-1200
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sansum 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
07	/	23	/	2021

Transaction ID : 11035182

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 47 OF 551
	<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. 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 ▼ 588.00

Date of Receipt 07 / 24 / 2021
Transaction ID : 11035183
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Liu, Raymond, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22925 Shelburne Road
 City Shaker Heights State OH Zip Code 44122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Hospitals, Case Medical Cen Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 24 / 2021
Transaction ID : 11035187
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Raikin, Steven, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 Merion Rd
 City Merion Station State PA Zip Code 19066
 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 07 / 25 / 2021
Transaction ID : 11035193
 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 48 OF 551
<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. Van Demark, Robert, E, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 Aspen Circle
 City Sioux Falls State SD Zip Code 57105
 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 ▼ 500.00

Date of Receipt 07 / 25 / 2021
Transaction ID : 11035196
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Beltran, Michael, John, , MD,FAOS
 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 ▼ 588.00

Date of Receipt 07 / 26 / 2021
Transaction ID : 11035203
 Amount of Each Receipt this Period 84.00
 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 ▼ 750.00

Date of Receipt 07 / 26 / 2021
Transaction ID : 11035204
 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 49 OF 551
	<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. 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 588.00

Date of Receipt 07 / 26 / 2021
Transaction ID : 11035205
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 588.00

Date of Receipt 07 / 27 / 2021
Transaction ID : 11076590
 Amount of Each Receipt this Period 84.00
 Memo Item

C. 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 420.00

Date of Receipt 07 / 27 / 2021
Transaction ID : 11076591
 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 50 OF 551
	<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. Kazaglis, Jeffrey, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Stone Ridge Drive
 City South Barrington State IL Zip Code 60010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortho Illinois Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2021
Transaction ID : 11077435
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Hinchey, John, William, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 Normandy Ave
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortho San Antonio Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2021
Transaction ID : 11077688
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Pushkarewicz, Michael, J, , MD,FAAOS,F
 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 ▼ 294.00

Date of Receipt 07 / 28 / 2021
Transaction ID : 11077709
 Amount of Each Receipt this Period 42.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1542.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Keck School of Medicine of USC Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 28 / 2021
Transaction ID : 11077710
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Scales, Darrell, Kevin, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5425 Golf View Dr
 City Braselton State GA Zip Code 30517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Northeast Georgia Physicians Group Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 28 / 2021
Transaction ID : 11077711
 Amount of Each Receipt this Period 100.00
 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) Occupation (for Individual)
 St Luke's Ortho Surg Group Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 28 / 2021
Transaction ID : 11077712
 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 52 OF 551
	<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
-------------------	-------------	-------------------

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 ▼
595.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2021

Transaction ID : 11077713

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
---------------------	-------------	-------------------

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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2021

Transaction ID : 11077714

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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2021

Transaction ID : 11077715

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 53 OF 551
	<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. 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
 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 ▼ 588.00

Date of Receipt 07 / 28 / 2021
Transaction ID : 11077716
 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 5460 Parkford Circle
 City Granite Bay State CA Zip Code 95746
 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 ▼ 750.00

Date of Receipt 07 / 28 / 2021
Transaction ID : 11077717
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Della Rocca, Gregory, John, , MD,PhD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 Stonehaven Rd
 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 ▼ 750.00

Date of Receipt 07 / 28 / 2021
Transaction ID : 11077718
 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 54 OF 551
<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. 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 ▼ 588.00

Date of Receipt 07 / 28 / 2021
Transaction ID : 11077719
 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 ▼ 588.00

Date of Receipt 07 / 28 / 2021
Transaction ID : 11077720
 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 ▼ 588.00

Date of Receipt 07 / 28 / 2021
Transaction ID : 11077721
 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 55 OF 551
	<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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2021

Transaction ID : 11077722

Amount of Each Receipt this Period
250.00

Memo Item

B. Weisman, David, S, , MD, FAAOS

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

Mailing Address 585 Cranbury Rd

City East Brunswick	State NJ	Zip Code 08816-4026
------------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2021

Transaction ID : 11078140

Amount of Each Receipt this Period
1000.00

Memo Item

C. Fraipont, Michael, John, , MD, FAAOS

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

Mailing Address 5285 La Canada Blvd

City La Canada	State CA	Zip Code 91011
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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 ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2021

Transaction ID : 11078141

Amount of Each Receipt this Period
280.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1530.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 551
<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. Kearns, Richard, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8714 Stable Crest Blvd
 City Houston State TX Zip Code 77024-7031
 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 07 / 27 / 2021
Transaction ID : 11078142
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Christensen, Alan, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1011 Lincoln Circle
 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 ▼ 1000.00

Date of Receipt 07 / 27 / 2021
Transaction ID : 11078143
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Metz, Christopher, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2014 S 6th St
 City Brainerd State MN Zip Code 56401-4529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northern Orthopedics, LTD Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 27 / 2021
Transaction ID : 11078145
 Amount of Each Receipt this Period 300.00
 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 57 OF 551
<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. Rosen, Craig, H, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1802 Champlain Dr
 City Voorhees Township State NJ Zip Code 08043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cooper Bone & Joint at Inspira Woodbur Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2021
Transaction ID : 11078146
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Tauro, Joseph, C, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Hospital Dr Ste B7
 City Toms River State NJ Zip Code 08755-6425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ocean County Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 27 / 2021
Transaction ID : 11078147
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Booth, Kevin, Charles, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18331 Golden Oaks Dr
 City Jamestown State CA Zip Code 95327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NCSI Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2021
Transaction ID : 11078150
 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 58 OF 551
<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. Quinn, David, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Thorndale Rd
 City Slingerlands State NY Zip Code 12159
 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 ▼ 250.00

Date of Receipt 07 / 27 / 2021
Transaction ID : 11078151
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Woo, Kent, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 McAlpin Dr
 City Savannah State GA Zip Code 31406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optim Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 27 / 2021
Transaction ID : 11078152
 Amount of Each Receipt this Period 2000.00
 Memo Item

c. Mattingly, David, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 Fernwood Road
 City Chestnut Hill State MA Zip Code 02467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New England Baptist Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 27 / 2021
Transaction ID : 11078177
 Amount of Each Receipt this Period 500.00
 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 59 OF 551
<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. Kristensen, Ronald, M, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1735 N Claremont Dr

City Boise	State ID	Zip Code 83702
---------------	-------------	-------------------

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

Name of Employer (for Individual) St Luke's Boise Orthopedic 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
07		24		2021

Transaction ID : 11078536

Amount of Each Receipt this Period
250.00

Memo Item

B. Wright, Craig, , , MD,FAOS
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
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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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2021

Transaction ID : 11078539

Amount of Each Receipt this Period
250.00

Memo Item

c. Lajam, Claudette, Malvina, , MD,FAOS
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 ▼
3750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2021

Transaction ID : 11078540

Amount of Each Receipt this Period
1250.00

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 60 OF 551
	<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. Bercik, Michael, J, , Jr, MD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1410 Center Road

City Lancaster	State PA	Zip Code 17603
-------------------	-------------	-------------------

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2021

Transaction ID : 11078541

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 6248 Turnwood

City Jamesville	State NY	Zip Code 13078
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Syracuse Orthopedic Specialists	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2021

Transaction ID : 11078542

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 4709 Creekstone Drive

City Durham	State VA	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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2021

Transaction ID : 11078543

Amount of Each Receipt this Period
84.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 551
	<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 ▼ 350.00

Date of Receipt 07 / 22 / 2021
Transaction ID : 11078544
 Amount of Each Receipt this Period 50.00
 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
 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 ▼ 1176.00

Date of Receipt 07 / 26 / 2021
Transaction ID : 11078546
 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 10811 N 52nd Street
 City Scottsdale State AZ Zip Code 85254
 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 ▼ 350.00

Date of Receipt 07 / 26 / 2021
Transaction ID : 11078547
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	184.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 551
	<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. 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
 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 ▼ 750.00

Date of Receipt 07 / 26 / 2021
Transaction ID : 11078548
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Robon, Matthew, Joseph, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3464 NE Harrison St
 City Issaquah State WA Zip Code 98029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Proliance Orthopedics & Sports Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2021
Transaction ID : 11078549
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Langford, Scott, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4401 W 87th Terrace
 City Prairie Village State KS Zip Code 66207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rockhill Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 26 / 2021
Transaction ID : 11078551
 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 63 OF 551
	<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
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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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2021

Transaction ID : 11078552

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 3421 Marquette St

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) Carrell Cliic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2021

Transaction ID : 11078553

Amount of Each Receipt this Period
84.00

Memo Item

C. 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
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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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2021

Transaction ID : 11078554

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 64 OF 551
<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. Greene, Craig, C., MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17171 Highland Rd

City Baton Rouge	State LA	Zip Code 70810-3802
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Baton Rouge 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
07		30		2021

Transaction ID : 11078556

Amount of Each Receipt this Period
250.00

Memo Item

B. Su, Edward, T., MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11726 Valley Creek Rd

City Woodbury	State MN	Zip Code 55129
------------------	-------------	-------------------

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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2021

Transaction ID : 11079144

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 990 Waverley Street

City Palo Alto	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Stanford	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
07		30		2021

Transaction ID : 11079146

Amount of Each Receipt this Period
1000.00

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 65 OF 551
	<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. Glassman, Steven, D, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12345 Osage Road

City Louisville	State KY	Zip Code 40232
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Norton 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
07		30		2021

Transaction ID : 11079148

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 4851 Bonita Bay Blvd
1702

City Bonita Springs	State FL	Zip Code 34134
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Zehr Center for 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
07		30		2021

Transaction ID : 11079150

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1778 Sheridan

City Ann Arbor	State MI	Zip Code 48104
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Ann Arbor 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
07		30		2021

Transaction ID : 11079153

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 66 OF 551
	<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. Brockman, Holly, L, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 S Fox Run
 City Marseilles State IL Zip Code 61341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OSF Healthcare Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 30 / 2021
Transaction ID : 11079154
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Robinson, Brian, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4413 Highway 15
 City Silver City State NM Zip Code 88061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Bone & Joint Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2021
Transaction ID : 11079187
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. 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 ▼ 680.00

Date of Receipt 08 / 01 / 2021
Transaction ID : 11079188
 Amount of Each Receipt this Period 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1585.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 551
	<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. Thompson, Matthew, Michael, , MD,FAAOS

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

Mailing Address 1102 Dead Run Dr

City Mc Lean	State VA	Zip Code 22101-2125
-----------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		01		2021

Transaction ID : 11079190

Amount of Each Receipt this Period
1000.00

Memo Item

B. Murray, Douglas, H, , MD,FAAOS

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

Mailing Address 4224 Valley Trail Dr

City Atlanta	State GA	Zip Code 30339
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Peachtree Orthopedic Clinic	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
08		01		2021

Transaction ID : 11079195

Amount of Each Receipt this Period
500.00

Memo Item

c. Mencio, Gregory, A, , MD,FAAOS

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

Mailing Address 906 Riverbend Rd

City Nashville	State TN	Zip Code 37221
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		01		2021

Transaction ID : 11079198

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 68 OF 551
	<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. Wynder, Steven, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5290 W 612 N
 City Huntington State IN Zip Code 46750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parkview Ortho Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 08 / 02 / 2021
Transaction ID : 11079199
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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
 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 ▼ 750.00

Date of Receipt 08 / 02 / 2021
Transaction ID : 11079200
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Knight, Bradford, S, , MD, FAOS
 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 ▼ 750.00

Date of Receipt 08 / 02 / 2021
Transaction ID : 11079202
 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 69 OF 551
	<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. 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) Occupation (for Individual)
 Maine Medical Center Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 02 / 2021
Transaction ID : 11079203
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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) Occupation (for Individual)
 Boston Medical Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 02 / 2021
Transaction ID : 11079204
 Amount of Each Receipt this Period 84.00
 Memo Item

C. 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) Occupation (for Individual)
 Department of Orthopaedics and Rehabil Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 02 / 2021
Transaction ID : 11079205
 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 70 OF 551
<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. 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
-------------------	-------------	------------------------

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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2021

Transaction ID : 11079206

Amount of Each Receipt this Period
250.00

Memo Item

B. Williams, Claude, Somers, , MD, FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1737 Jefferson Avenue

City New Orleans	State LA	Zip Code 70115
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Southern Orthopaedic 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
08		02		2021

Transaction ID : 11079589

Amount of Each Receipt this Period
1000.00

Memo Item

C. Sankar, Wudbhav, N, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 534 Montgomery School Ln

City Wynnewood	State PA	Zip Code 19096
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Childrens Hospital of Philadelphia	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
08		02		2021

Transaction ID : 11080876

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 71 OF 551
<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. 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 ▼ 750.00

Date of Receipt 08 / 03 / 2021
Transaction ID : 11080971
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Rosenwasser, Melvin, Paul, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Ludlow Ln
 City Palisades State NY Zip Code 10964
 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 ▼ 250.00

Date of Receipt 08 / 04 / 2021
Transaction ID : 11082130
 Amount of Each Receipt this Period 250.00
 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
 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 ▼ 672.00

Date of Receipt 08 / 04 / 2021
Transaction ID : 11082131
 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 72 OF 551
	<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
 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 ▼ 672.00

Date of Receipt 08 / 04 / 2021
Transaction ID : 11082132
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Prohaska, Matthew, G, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 Griggs Hill Road
 City Danville State VT Zip Code 05828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NVRH Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 04 / 2021
Transaction ID : 11082133
 Amount of Each Receipt this Period 84.00
 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 ▼ 1600.00

Date of Receipt 08 / 05 / 2021
Transaction ID : 11084075
 Amount of Each Receipt this Period 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 551
	<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. 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 ▼ 672.00

Date of Receipt 08 / 05 / 2021
Transaction ID : 11084076
 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 9294 Ingleside Farms Drive South
 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 ▼ 750.00

Date of Receipt 08 / 05 / 2021
Transaction ID : 11084077
 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
 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 ▼ 672.00

Date of Receipt 08 / 06 / 2021
Transaction ID : 11084517
 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 74 OF 551
	<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. 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 ▼ 750.00

Date of Receipt 08 / 06 / 2021
Transaction ID : 11084518
 Amount of Each Receipt this Period 250.00
 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 ▼ 672.00

Date of Receipt 08 / 06 / 2021
Transaction ID : 11084519
 Amount of Each Receipt this Period 84.00
 Memo Item

C. 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 ▼ 750.00

Date of Receipt 08 / 06 / 2021
Transaction ID : 11084520
 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 75 OF 551
	<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. 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
--------------------------	-------------	-------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

Transaction ID : 11084521

Amount of Each Receipt this Period
50.00

Memo Item

B. Glassner, Philip, Justin, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 67 Kingwood Stockton Rd

City Stockton	State NJ	Zip Code 08559
------------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2021

Transaction ID : 11084730

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
------------------	-------------	-------------------

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 ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2021

Transaction ID : 11084731

Amount of Each Receipt this Period
175.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 551
	<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ASPIRUS	Occupation (for Individual) 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
08		07		2021

Transaction ID : 11084732

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 ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2021

Transaction ID : 11084733

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
--------------------	-------------	-------------------

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 ▼
499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2021

Transaction ID : 11084734

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 77 OF 551
<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. Lane, Joseph, M, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 535 E 86th St Apt 14F

City New York City	State NY	Zip Code 10028
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2021

Transaction ID : 11084735

Amount of Each Receipt this Period
250.00

Memo Item

B. Davis, Charles, M, , III, MD,Ph
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Hope Dr EC089

City Hershey	State PA	Zip Code 17033
-----------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2021

Transaction ID : 11084737

Amount of Each Receipt this Period
1000.00

Memo Item

C. 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 ▼
750.00

Date of Receipt

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

Transaction ID : 11084740

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 78 OF 551
	<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. 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
---------------------	-------------	-------------------

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 ▼
800.00

Date of Receipt

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

Transaction ID : 11084741

Amount of Each Receipt this Period
100.00

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
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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 ▼
1260.00

Date of Receipt

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

Transaction ID : 11084742

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
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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 ▼
750.00

Date of Receipt

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

Transaction ID : 11084743

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 79 OF 551
<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. Cyphers, Stephen, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4020 Macphedris Way
 City El Dorado Hills State CA Zip Code 95762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) El Dorado Multispecialty Medical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 08 / 2021
Transaction ID : 11084745
 Amount of Each Receipt this Period 500.00
 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 Road
 City Riverside State CT Zip Code 06878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic & Neurosurgery Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 09 / 2021
Transaction ID : 11084746
 Amount of Each Receipt this Period 84.00
 Memo Item

C. 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) Silverman Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 09 / 2021
Transaction ID : 11084747
 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 80 OF 551
	<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. Spieles, Christopher, Joseph, , MD, FAAOS

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

Mailing Address 649 Parkside Drive

City Wauseon	State OH	Zip Code 43567
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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
 08 / 09 / 2021

Transaction ID : 11084882

Amount of Each Receipt this Period
500.00

Memo Item

B. Norheim, Elizabeth, Picnic, , MD,FAAOS

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

Mailing Address 4535 Homer Street

City Los Angeles	State CA	Zip Code 90031
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Kaiser Permanente Downey 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
 08 / 10 / 2021

Transaction ID : 11084890

Amount of Each Receipt this Period
500.00

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
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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 ▼
672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2021

Transaction ID : 11087117

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 81 OF 551
	<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. Henzes, John, Frank, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 203 Squirrel Run
 City Clarks Green State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coordinated Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2021
Transaction ID : 11087179
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Guehlstorf, Daniel, W, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9083 Kensington Way
 City Franklin State WI Zip Code 53132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Surgeons of Wisconsin, SC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 10 / 2021
Transaction ID : 11087181
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Walker, Robert, N, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1873 E Parkhurst Ct
 City Eagle State ID Zip Code 83616-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Luke's Boise Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2021
Transaction ID : 11087182
 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 551
	<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. Wilber, John, Howard, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14255 County Line Rd

City Chagrin Falls	State OH	Zip Code 44022
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Case Western Reserve 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
08		10		2021

Transaction ID : 11087187

Amount of Each Receipt this Period
250.00

Memo Item

B. Pullekines, Joseph, W, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 262 Long Ridge Rd

City Sunset	State SC	Zip Code 29685
----------------	-------------	-------------------

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

Name of Employer (for Individual) Baptist Southeast 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
08		10		2021

Transaction ID : 11087191

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 4425 Appomattox Drive

City Sylvania	State OH	Zip Code 43560
------------------	-------------	-------------------

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

Name of Employer (for Individual) Promedica 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
08		10		2021

Transaction ID : 11087193

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 83 OF 551
	<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. Portland, Gregory, H, , MD,FAOS

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

Mailing Address 666 Garland Ave

City Winnetka	State IL	Zip Code 60093
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2021

Transaction ID : 11087194

Amount of Each Receipt this Period
300.00

Memo Item

B. Davis, Paul, Allen, , MD

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

Mailing Address 150 Stoney Creek Drive

City Florence	State AL	Zip Code 35633-1581
------------------	-------------	------------------------

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

Name of Employer (for Individual) Davis Clinic	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
08		10		2021

Transaction ID : 11087195

Amount of Each Receipt this Period
400.00

Memo Item

c. Stapor, David, J, , MD,FAOS

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

Mailing Address 2076 Hycroft Dr

City Pittsburgh	State PA	Zip Code 15241
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Steel Valley 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
08		10		2021

Transaction ID : 11087199

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 84 OF 551
	<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, William, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6602 DeLynn Dr
 City Tifton State GA Zip Code 31794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Titz Regional Health Systems Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 10 / 2021
Transaction ID : 11087200
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Grondel, Robert, Jeffrey, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10561 Jeffreys St Ste 230
 City Henderson State NV Zip Code 89052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Institute of Henderson Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 10 / 2021
Transaction ID : 11087201
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Purtill, James, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 651 Darby Paoli 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 08 / 10 / 2021
Transaction ID : 11087202
 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 85 OF 551
	<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. Mariorenzi, Louis, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 Bay View Dr
 City Jamestown State RI Zip Code 02835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 10 / 2021
Transaction ID : 11087203
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Dahl, William, John, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 Ruffed Grouse Dr
 City Bridgeport State WV Zip Code 26330-7989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Hospital Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 10 / 2021
Transaction ID : 11087204
 Amount of Each Receipt this Period 300.00
 Memo Item

C. O'Hara, James, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1358
 City Point Reyes Station State CA Zip Code 94956
 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 08 / 10 / 2021
Transaction ID : 11087205
 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 86 OF 551
	<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. Kean, Bret, T, , MD, FAAOS

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

Mailing Address 6542 SE Lake Road
Suite 201

City Milwaukie State OR Zip Code 97222

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

Name of Employer (for Individual) Eastside Orthopaedics & Sports Medicin Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 10 / 2021
Transaction ID : 11087206

Amount of Each Receipt this Period
500.00

Memo Item

B. Marsicano, Joseph, Gerard, , MD, FAAOS

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

Mailing Address 1412 Crabapple Dr

City Manasquan State NJ Zip Code 08736

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

Name of Employer (for Individual) Brielle Orthopedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 10 / 2021
Transaction ID : 11087207

Amount of Each Receipt this Period
1000.00

Memo Item

C. Mudano, Mark, L, , MD,FAAOS

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

Mailing Address 754 Jones Creek

City Evans State GA Zip Code 30809-4038

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

Name of Employer (for Individual) Washington County Regional Medical Cen Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 10 / 2021
Transaction ID : 11087213

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 87 OF 551
	<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. Ebert, Frank, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 612 W Chesapeake Ave
 City Towson State MD Zip Code 21204-6909
 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 ▼ 1000.00

Date of Receipt 08 / 10 / 2021
Transaction ID : 11087214
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. O'Donovan, Terrence, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 Maid Marion Hill
 City Sherwood Forest State MD Zip Code 21405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chesapeake Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 10 / 2021
Transaction ID : 11087215
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Page, Jean-Maurice, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Ridings Mitchell Creek Rd
 City London State KY Zip Code 40741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Joseph Hospital London KY Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2021
Transaction ID : 11087216
 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 88 OF 551
	<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. Goodwiller, Steven, E., MD, FAAOS

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

Mailing Address 402 W 19th St

City Panama City	State FL	Zip Code 32405-4602
---------------------	-------------	------------------------

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
08		10		2021

Transaction ID : 11087218

Amount of Each Receipt this Period
500.00

Memo Item

B. Elia, Eugene, A., MD, FAAOS

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

Mailing Address 510 W Darby Rd

City Havertown	State PA	Zip Code 19083-4630
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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
08		10		2021

Transaction ID : 11087219

Amount of Each Receipt this Period
1000.00

Memo Item

C. Pring, Maya, , MD, FAAOS

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

Mailing Address 2528 Denver St

City San Diego	State CA	Zip Code 92110
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Rady 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
08		10		2021

Transaction ID : 11087220

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 89 OF 551
	<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. Clark, Jason, Craig, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3425 8th St

City Moline	State IL	Zip Code 61265
----------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2021

Transaction ID : 11087221

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 3903 Otter

City Casper	State WY	Zip Code 82604
----------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2021

Transaction ID : 11087224

Amount of Each Receipt this Period
1000.00

Memo Item

C. Kahlon, Randeep, S, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Harvest Ln

City Hockessin	State DE	Zip Code 19707-2088
-------------------	-------------	------------------------

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
08		12		2021

Transaction ID : 11087681

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: PAGE 90 OF 551
(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. Kahlon, Randeep, S, , MD,FAAOS

Mailing Address 35 Harvest Ln

City Hockessin State DE Zip Code 19707-2088

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

Name of Employer (for Individual) First State Orthopaedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 12 / 2021
Transaction ID : 11087682

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Bernard, Johnathan, , , MD, MPH, F

Mailing Address 21549 Glebe View Dr

City Broadlands State VA Zip Code 20148

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 ▼
 672.00

Date of Receipt
 08 / 12 / 2021
Transaction ID : 11087683

Amount of Each Receipt this Period
 84.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. Marinello, Patrick, Gaetano, , MD, FAAOS

Mailing Address 43 Bradhaven Rd

City Slingerlands State NY Zip Code 12159

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 ▼
 772.00

Date of Receipt
 08 / 12 / 2021
Transaction ID : 11087684

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 91 OF 551
	<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. Dodds, Julie, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 90th Ave
 City Lone Rock State IA Zip Code 50559
 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 ▼ 672.00

Date of Receipt 08 / 12 / 2021
Transaction ID : 11087685
 Amount of Each Receipt this Period 84.00
 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 ▼ 750.00

Date of Receipt 08 / 12 / 2021
Transaction ID : 11087686
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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
 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 ▼ 672.00

Date of Receipt 08 / 12 / 2021
Transaction ID : 11087687
 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 92 OF 551
	<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. 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) Orthopaedic Center for Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 12 / 2021
Transaction ID : 11087688
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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 ▼ 750.00

Date of Receipt 08 / 12 / 2021
Transaction ID : 11087689
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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 ▼ 672.00

Date of Receipt 08 / 12 / 2021
Transaction ID : 11087690
 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 93 OF 551
	<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. 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) Columbia University	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
08		12		2021

Transaction ID : 11087691

Amount of Each Receipt this Period
250.00

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
-----------------	-------------	-------------------

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 ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2021

Transaction ID : 11087692

Amount of Each Receipt this Period
84.00

Memo Item

c. Hogan, Kathleen, Anne, , MD, FAAOS
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
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2021

Transaction ID : 11087693

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 94 OF 551
	<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. Aldrich, Daniel, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 131 LaFayette Landing

City Heath	State TX	Zip Code 75032
---------------	-------------	-------------------

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

Name of Employer (for Individual) Lake Pointe 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
08		12		2021

Transaction ID : 11087808

Amount of Each Receipt this Period
500.00

Memo Item

B. 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
----------------	-------------	-------------------

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 ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2021

Transaction ID : 11087962

Amount of Each Receipt this Period
84.00

Memo Item

C. 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 ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2021

Transaction ID : 11087965

Amount of Each Receipt this Period
100.00

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 95 OF 551
	<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. Tait, Robert, J, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10561 Jeffreys St Ste 230

City Henderson	State NV	Zip Code 89052-4268
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Ortho Institute of Henderson	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
08		12		2021

Transaction ID : 11087989

Amount of Each Receipt this Period
250.00

Memo Item

B. Ouzounian, Tye, , , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17401 Magnolia Blvd

City Encino	State CA	Zip Code 91316
----------------	-------------	-------------------

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
08		12		2021

Transaction ID : 11087990

Amount of Each Receipt this Period
1000.00

Memo Item

C. Sculco, Thomas, P, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 E 95th St

City New York City	State NY	Zip Code 10128
-----------------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2021

Transaction ID : 11087991

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 551
	<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. Lavoie, Stephane, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Lake Harbor Drive
 City Deland State FL Zip Code 32724
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Florida Orthopedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2021
Transaction ID : 11087993
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lagan, Casey, Lee, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8406 Georgetown Dr
 City Amarillo State TX Zip Code 79119
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Moore County Hospital District Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2021
Transaction ID : 11087995
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Daluga, Daniel, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4601 Penelope Ct
 City West Lafayette State IN Zip Code 47906
 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 08 / 12 / 2021
Transaction ID : 11087997
 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 97 OF 551
<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. Mandell, Peter, J., MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 El Camino Real
 Suite 120
 City Burlingame State CA Zip Code 94010
 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 ▼ 5000.00

Date of Receipt 08 / 12 / 2021
Transaction ID : 11087999
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Reilly, John, Patrick, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Copperflag Ln
 City Staten Island State NY Zip Code 10304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 12 / 2021
Transaction ID : 11088000
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Jobe, Christopher, M., , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 W Highland
 City Redlands State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loma Linda Univ Ortho Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 12 / 2021
Transaction ID : 11088002
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. 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
----------------------	-------------	-------------------

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 ▼
672.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		14		2021

Transaction ID : 11088060

Amount of Each Receipt this Period
84.00

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 ▼
750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		14		2021

Transaction ID : 11088061

Amount of Each Receipt this Period
250.00

Memo Item

C. Brown, Treg, D, , MD,FAAOS

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

Mailing Address 110 Sunrise Trail

City Carbondale	State IL	Zip Code 62902
--------------------	-------------	-------------------

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 ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		14		2021

Transaction ID : 11088063

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 99 OF 551
	<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. 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 ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2021

Transaction ID : 11088064

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 ▼
750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2021

Transaction ID : 11088065

Amount of Each Receipt this Period
250.00

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
-----------------	-------------	-------------------

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 ▼
420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2021

Transaction ID : 11088067

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 100 OF 551
	<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, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jefferson Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 16 / 2021
Transaction ID : 11088070
 Amount of Each Receipt this Period 84.00
 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 ▼ 750.00

Date of Receipt 08 / 16 / 2021
Transaction ID : 11088071
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Abbott, James, Douglas, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4727 Carriage Dr
 City Mason State OH Zip Code 45040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic and Sports Medicine Consul Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 16 / 2021
Transaction ID : 11088072
 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 101 OF 551
	<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. 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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2021

Transaction ID : 11088073

Amount of Each Receipt this Period
1000.00

Memo Item

B. Katz, Danielle, , , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5122 Reis Circle

City Fayetteville	State NY	Zip Code 13066
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Sunny Upstate	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
08		13		2021

Transaction ID : 11088950

Amount of Each Receipt this Period
1000.00

Memo Item

C. Wright, Kevin, Earl, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 303 East 33rd Street
11D

City New York	State NY	Zip Code 10016
------------------	-------------	-------------------

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
08		16		2021

Transaction ID : 11089189

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 102 OF 551
	<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. 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
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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 ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2021

Transaction ID : 11089900

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
----------------	-------------	-------------------

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 ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2021

Transaction ID : 11089901

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
----------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
08		17		2021

Transaction ID : 11089902

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 103 OF 551
	<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. Jeray, Kyle, James, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Orthopedic Surgery
 701 Grove Rd 2nd Fl Support Tower
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenville Health 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
 08 / 01 / 2021
Transaction ID : 11090195
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Urband, Lindsey, , , MD,FAOS
 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 672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2021
Transaction ID : 11090272
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Engstrom, Stephen, Matthew, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9207 Duncaster Ct
 City Brentwood State TN Zip Code 37027
 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 672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2021
Transaction ID : 11090273
 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 104 OF 551
<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. 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 ▼ 672.00

Date of Receipt 08 / 05 / 2021
Transaction ID : 11090274
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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 ▼ 672.00

Date of Receipt 08 / 06 / 2021
Transaction ID : 11090275
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Abdelshahed, Mina, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1450 Dunn Parkway
 City Mountainside State NJ Zip Code 07092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Union County Ortho Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2021
Transaction ID : 11090276
 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 105 OF 551
<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. Chutkan, Norman, Barrington, , MD,FAOS			Date of Receipt MM / DD / YYYY 08 / 09 / 2021	
Mailing Address 1 E Lexington Ave Unit 1404			Transaction ID : 11090278	
City Phoenix	State AZ	Zip Code 85012	Amount of Each Receipt this Period 84.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) The CORE Institute		Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 672.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ritchie, William, L, , MD,MBA,FAA			Date of Receipt MM / DD / YYYY 08 / 09 / 2021	
Mailing Address 2100 Louisiana Blvd Ste 410			Transaction ID : 11090279	
City Albuquerque	State NM	Zip Code 87110	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) New Mexico Orthopaedics		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 C. Tobin, Richard, W, , MD, FAAOS			Date of Receipt MM / DD / YYYY 08 / 09 / 2021	
Mailing Address 3415 Eagle Crest Rd NW			Transaction ID : 11090280	
City Salem	State OR	Zip Code 97304	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) 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 ▼ 500.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 551
	<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. 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

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 ▼ 672.00

Date of Receipt 08 / 09 / 2021

Transaction ID : 11090281

Amount of Each Receipt this Period 84.00

Memo Item

B. 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

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 ▼ 672.00

Date of Receipt 08 / 12 / 2021

Transaction ID : 11090283

Amount of Each Receipt this Period 84.00

Memo Item

C. Parsley, Brian, S, , MD,FAAOS,F

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 ▼ 672.00

Date of Receipt 08 / 13 / 2021

Transaction ID : 11090284

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 107 OF 551
<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. 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 ▼ 672.00

Date of Receipt 08 / 13 / 2021
Transaction ID : 11090285
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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 ▼ 800.00

Date of Receipt 08 / 13 / 2021
Transaction ID : 11090286
 Amount of Each Receipt this Period 100.00
 Memo Item

C. 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
 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 ▼ 672.00

Date of Receipt 08 / 18 / 2021
Transaction ID : 11090335
 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 108 OF 551
	<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. 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
 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 ▼ 672.00

Date of Receipt 08 / 19 / 2021
Transaction ID : 11091994
 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 738 Newman Rd
 City New Bern State NC Zip Code 28562
 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 ▼ 672.00

Date of Receipt 08 / 19 / 2021
Transaction ID : 11091995
 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
 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 ▼ 672.00

Date of Receipt 08 / 19 / 2021
Transaction ID : 11091996
 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 109 OF 551
<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. Winder, Carey, E, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 866 Woodgate Blvd
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baton Rouge Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 17 / 2021
Transaction ID : 11092456
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Carreira, Dominic, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 Braxton Way
 City Roswell State GA Zip Code 30075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Broward Hlth Dist Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 17 / 2021
Transaction ID : 11092470
 Amount of Each Receipt this Period 400.00
 Memo Item

C. Russell, George, V, , Jr, MD,MBA
 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 ▼ 720.00

Date of Receipt 08 / 17 / 2021
Transaction ID : 11092471
 Amount of Each Receipt this Period 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1490.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. Hrasky, Gregory, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2767
 City Scottsdale State AZ Zip Code 85252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cactus Pediatric Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1005.00

Date of Receipt 08 / 19 / 2021
Transaction ID : 11092623
 Amount of Each Receipt this Period 1005.00
 Memo Item

B. Hilibrand, Alan, S, , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 North Latches Lane
 City Merion Station State PA Zip Code 19066
 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 08 / 20 / 2021
Transaction ID : 11092883
 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
 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 ▼ 672.00

Date of Receipt 08 / 21 / 2021
Transaction ID : 11092885
 Amount of Each Receipt this Period 84.00
 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 111 OF 551
	<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. LeGrand, Alexander, Benton, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1450 Ellis St Ste 201
 City Bozeman State MT Zip Code 59715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bridger Orthopedics and Sports Medicin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 21 / 2021
Transaction ID : 11092886
 Amount of Each Receipt this Period 500.00
 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
 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 ▼ 664.00

Date of Receipt 08 / 21 / 2021
Transaction ID : 11092887
 Amount of Each Receipt this Period 83.00
 Memo Item

c. 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 ▼ 750.00

Date of Receipt 08 / 21 / 2021
Transaction ID : 11092888
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
<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. Oberste, David, Jason, , MD, FAAOS			Date of Receipt
Mailing Address 4504 Rockbridge Hollow			<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2021"/>
City Tallahassee	State FL	Zip Code 32309	Transaction ID : 11092889
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) Tallahassee Orthopedic Clinic III PL		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sherbondy, Paul, Strawn, , MD, FAAOS			Date of Receipt
Mailing Address 507 Beaumont Dr			<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2021"/>
City State College	State PA	Zip Code 16801-8311	Transaction ID : 11092892
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) Penn State Health		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="672.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kirol, Bernard, G, , MD, FAAOS			Date of Receipt
Mailing Address 338 Turnwall Ln			<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2021"/>
City Elgin	State SC	Zip Code 29045-9507	Transaction ID : 11092894
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="75.00"/>
Name of Employer (for Individual) Midlands Orthopaedics, PA		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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="409.00"/>
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 113 OF 551
<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. 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
 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 ▼ 672.00

Date of Receipt 08 / 22 / 2021
Transaction ID : 11092895
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Hire, Justin, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 Crestwood Lane
 City Columbia State MO Zip Code 65203
 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 ▼ 336.00

Date of Receipt 08 / 22 / 2021
Transaction ID : 11092896
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Kayal, Robert, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1044 Dogwood Trail
 City Franklin Lakes State NJ Zip Code 07417
 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 08 / 22 / 2021
Transaction ID : 11092898
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 551
	<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) Tri-County Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 23 / 2021
Transaction ID : 11092899
 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 2660B Greenbriar Lane
 City Annapolis State MD Zip Code 21401
 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 ▼ 672.00

Date of Receipt 08 / 23 / 2021
Transaction ID : 11092901
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Vaccaro, Alexander, , , MD,MBA,PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1840 Aloha Lane
 City Gladwyne State PA Zip Code 19035
 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 08 / 23 / 2021
Transaction ID : 11092903
 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 115 OF 551
	<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. Lang, Christopher, John, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1215 W Chaucer Ave
 City Spokane State WA Zip Code 99208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spokane Orthopedics, PLLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 20 / 2021
Transaction ID : 11092946
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Burt, Charles, F, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2725 S 144th St Ste 212
 City Omaha State NE Zip Code 68144-5253
 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 08 / 20 / 2021
Transaction ID : 11092953
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Masters, Lisa, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 Birkdale Drive
 City Fayetteville State GA Zip Code 30215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bank of America Occupation (for Individual) Lay Board Member
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 23 / 2021
Transaction ID : 11093201
 Amount of Each Receipt this Period 1500.00
 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 116 OF 551
<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 ▼ 672.00

Date of Receipt 08 / 24 / 2021
Transaction ID : 11093202
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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 ▼ 750.00

Date of Receipt 08 / 24 / 2021
Transaction ID : 11093203
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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 ▼ 1000.00

Date of Receipt 08 / 24 / 2021
Transaction ID : 11093204
 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 117 OF 551
	<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. Mulliken, Brian, D, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Brett Manor Ct

City Hunt Valley	State MD	Zip Code 21030
---------------------	-------------	-------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2021

Transaction ID : 11093678

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 222 Feldspar Dr

City Syracuse	State NY	Zip Code 13219
------------------	-------------	-------------------

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

Name of Employer (for Individual) Syracuse Ortho 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
08		24		2021

Transaction ID : 11093684

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 356 Warren Ave

City Cincinnati	State OH	Zip Code 45220
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Cincinnati Childrens Medical	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
08		24		2021

Transaction ID : 11093685

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 118 OF 551
	<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,FAOS
 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 ▼ 672.00

Date of Receipt 08 / 26 / 2021
Transaction ID : 11093905
 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
 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 ▼ 672.00

Date of Receipt 08 / 26 / 2021
Transaction ID : 11093906
 Amount of Each Receipt this Period 84.00
 Memo Item

C. 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 ▼ 672.00

Date of Receipt 08 / 27 / 2021
Transaction ID : 11094282
 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 119 OF 551
	<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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2021

Transaction ID : 11094283

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
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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 ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2021

Transaction ID : 11094284

Amount of Each Receipt this Period
84.00

Memo Item

C. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2021

Transaction ID : 11094285

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 120 OF 551
	<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. Pushkarewicz, Michael, J, , MD,FAAOS,F
 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 ▼ 336.00

Date of Receipt 08 / 28 / 2021
Transaction ID : 11094587
 Amount of Each Receipt this Period 42.00
 Memo Item

B. 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
 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 ▼ 672.00

Date of Receipt 08 / 28 / 2021
Transaction ID : 11094588
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Scales, Darrell, Kevin, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5425 Golf View Dr
 City Braselton State GA Zip Code 30517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeast Georgia Physicians Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 28 / 2021
Transaction ID : 11094589
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 551
	<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 ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2021

Transaction ID : 11094590

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
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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 ▼
680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2021

Transaction ID : 11094591

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
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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 ▼
672.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2021

Transaction ID : 11094592

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 122 OF 551
	<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 ▼ 672.00

Date of Receipt 08 / 28 / 2021
Transaction ID : 11094593
 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 ▼ 750.00

Date of Receipt 08 / 28 / 2021
Transaction ID : 11094594
 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 ▼ 750.00

Date of Receipt 08 / 28 / 2021
Transaction ID : 11094595
 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 123 OF 551
	<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 ▼ 750.00

Date of Receipt 08 / 28 / 2021
Transaction ID : 11094596
 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
 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 ▼ 672.00

Date of Receipt 08 / 28 / 2021
Transaction ID : 11094597
 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 ▼ 672.00

Date of Receipt 08 / 28 / 2021
Transaction ID : 11094598
 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 124 OF 551
	<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,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 ▼ 672.00

Date of Receipt 08 / 28 / 2021
Transaction ID : 11094599
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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 ▼ 672.00

Date of Receipt 08 / 28 / 2021
Transaction ID : 11094600
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Ono, Craig, M, , MD,FAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1015 Wilder Avenue
 Apartment 1203
 City Honolulu State HI Zip Code 96822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shriners Hospital for Children Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 28 / 2021
Transaction ID : 11094606
 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 125 OF 551
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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. Lewis, Valerae, O, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2719 Barbara Ln
 City Houston State TX Zip Code 77005-3419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MD Anderson Cancer Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 28 / 2021
Transaction ID : 11094608
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Seaberg, John, Paul, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2422 Blue Bonnet Blvd
 City Houston State TX Zip Code 77030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Houston Methodist Orthopedics and Spor Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 29 / 2021
Transaction ID : 11094616
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Brecht, Julius, Stephen, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 Tennyson Drive
 City Longmeadow State MA Zip Code 01106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New England Ortho Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 27 / 2021
Transaction ID : 11095162
 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 126 OF 551
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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. 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 ▼ 333.36

Date of Receipt 08 / 27 / 2021
Transaction ID : 11095175
 Amount of Each Receipt this Period 41.67
 Memo Item

B. 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 ▼ 333.36

Date of Receipt 08 / 27 / 2021
Transaction ID : 11095176
 Amount of Each Receipt this Period 41.67
 Memo Item

C. 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 ▼ 333.36

Date of Receipt 08 / 27 / 2021
Transaction ID : 11095177
 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 127 OF 551
	<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. 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 08 / 27 / 2021
Transaction ID : 11095178
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. 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 ▼ 333.36

Date of Receipt
 08 / 27 / 2021
Transaction ID : 11095180
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. 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 ▼ 333.36

Date of Receipt
 08 / 27 / 2021
Transaction ID : 11095181
 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 128 OF 551
	<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. Harkess, James, W, , MD,FAOS
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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2021

Transaction ID : 11095182

Amount of Each Receipt this Period
41.67

Memo Item

B. 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
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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 ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2021

Transaction ID : 11095183

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 1458 W Poplar Ave
Suite 100

City Collierville	State TN	Zip Code 38017
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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 ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2021

Transaction ID : 11095184

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 129 OF 551
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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. 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 ▼ 333.36

Date of Receipt 08 / 27 / 2021
Transaction ID : 11095187
 Amount of Each Receipt this Period 41.67
 Memo Item

B. 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
 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 ▼ 333.36

Date of Receipt 08 / 27 / 2021
Transaction ID : 11095188
 Amount of Each Receipt this Period 41.67
 Memo Item

C. 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 ▼ 333.36

Date of Receipt 08 / 27 / 2021
Transaction ID : 11095190
 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 130 OF 551
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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. 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
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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 ▼
333.36

Date of Receipt

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08		27		2021

Transaction ID : 11095191

Amount of Each Receipt this Period
41.67

Memo Item

B. 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
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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 ▼
333.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		27		2021

Transaction ID : 11095192

Amount of Each Receipt this Period
41.67

Memo Item

c. 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
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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 ▼
333.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		27		2021

Transaction ID : 11095193

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 131 OF 551
	<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. 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 ▼
333.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		27		2021

Transaction ID : 11095196

Amount of Each Receipt this Period
41.67

Memo Item

B. 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
-----------------	-------------	-------------------

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 ▼
333.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		27		2021

Transaction ID : 11095197

Amount of Each Receipt this Period
41.67

Memo Item

C. 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 ▼
333.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		27		2021

Transaction ID : 11095198

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 132 OF 551
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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. 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) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 27 / 2021
Transaction ID : 11095199
 Amount of Each Receipt this Period 41.67
 Memo Item

B. 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 ▼ 333.36

Date of Receipt 08 / 27 / 2021
Transaction ID : 11095200
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Ruark, Randall, J, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2313 Lower Blue Springs Road
 City Hamilton State GA Zip Code 31811-6582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jack Hughston Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 27 / 2021
Transaction ID : 11095227
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1083.34
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 133 OF 551
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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. Hazel, Robert, Mark, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1812 Valley Rd NE
 City Gainesville State GA Zip Code 30501
 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
 08 / 27 / 2021
Transaction ID : 11095228
 Amount of Each Receipt this Period
 500.00
 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 ▼ 712.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2021
Transaction ID : 11095229
 Amount of Each Receipt this Period
 89.00
 Memo Item

C. Kress, Kenneth, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 Blakenham Ct
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northside 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
 08 / 27 / 2021
Transaction ID : 11095230
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1589.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. Goodfried, Gary, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1690 Vz County Road 4930
 City Van State TX Zip Code 75790-3890
 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 ▼ 750.00

Date of Receipt 08 / 27 / 2021
Transaction ID : 11095231
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Peterson, Paul, David, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5126 E 106th St
 City Tulsa State OK Zip Code 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tulsa Bone & Joint Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 27 / 2021
Transaction ID : 11095232
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Sandmeier, Robert, H, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2038 NW 127th PI
 City Portland State OR Zip Code 97229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Portland Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 30 / 2021
Transaction ID : 11095246
 Amount of Each Receipt this Period 500.00
 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 135 OF 551
	<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. Knowlan, Robert, V, , MD,FAOS			Date of Receipt
Mailing Address 2266 Morgan Ave N			<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2021"/>
City West Lakeland	State MN	Zip Code 55082	Transaction ID : 11095497
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) St Croix Orthopaedics		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Layfield, Richard, , , III, MD,FA			Date of Receipt
Mailing Address 14605 Potomac Branch Drive, Ste 30			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2021"/>
City Woodbridge	State VA	Zip Code 22191	Transaction ID : 11095586
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) Nova Orthopedic and Spine		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. Cassidy, Carter, , , MD, FAAOS			Date of Receipt
Mailing Address 4890 Faulkirk Lane			<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2021"/>
City Lexington	State KY	Zip Code 40515	Transaction ID : 11095603
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="85.00"/>
Name of Employer (for Individual) University of Kentucky Res Program		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="765.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="835.00"/>
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 136 OF 551
	<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. Manson, Theodore, Thomas, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 Muirfield Close
 City Bel Air State MD Zip Code 21015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 31 / 2021
Transaction ID : 11095636
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Hall, Christian, Carson, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 Westover Lane
 City York State PA Zip Code 17403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wellspan Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 31 / 2021
Transaction ID : 11095637
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Singer, Daniel, I, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 South Beretania St Suite 750
 City Honolulu State HI Zip Code 96814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates of Hawaii Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2021
Transaction ID : 11095639
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1900.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. 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 90509

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 ▼ 750.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11095911

Amount of Each Receipt this Period 250.00

Memo Item

B. Wynder, Steven, G, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5290 W 612 N

City Huntington State IN Zip Code 46750

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

Name of Employer (for Individual) Parkview Ortho Hospital Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11095912

Amount of Each Receipt this Period 84.00

Memo Item

c. 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 ▼ 750.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11095913

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 138 OF 551
	<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. 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 ▼ 1000.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11095914
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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 ▼ 756.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11095915
 Amount of Each Receipt this Period 84.00
 Memo Item

C. White, Daniel, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1225 W 30th Street
 City Casper State WY Zip Code 82601
 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 09 / 02 / 2021
Transaction ID : 11095952
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 551
	<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. MacDonald, Kevin, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 528 32nd Ave S

City Seattle	State WA	Zip Code 98144
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Virginia Mason 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
09		03		2021

Transaction ID : 11096159

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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
-------------------	-------------	-------------------

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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

Transaction ID : 11096160

Amount of Each Receipt this Period
250.00

Memo Item

C. Buchowski, Jacob, M, , MD,MS,FAAO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 Rio Vista Dr

City Saint Louis	State MO	Zip Code 63124
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Washington 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
09		03		2021

Transaction ID : 11096164

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 140 OF 551
<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. 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 ▼ 672.00

Date of Receipt 08 / 16 / 2021
Transaction ID : 11096210
 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 ▼ 672.00

Date of Receipt 08 / 16 / 2021
Transaction ID : 11096211
 Amount of Each Receipt this Period 84.00
 Memo Item

C. 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 ▼ 672.00

Date of Receipt 08 / 16 / 2021
Transaction ID : 11096212
 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 141 OF 551
<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. Liss, Frederic, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 554 Church Road
 City Malvern State PA Zip Code 19355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 16 / 2021
Transaction ID : 11096213
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Smith, Scott, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clovis Dr
 City Georgetown State TX Zip Code 78628
 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 ▼ 750.00

Date of Receipt 08 / 19 / 2021
Transaction ID : 11096214
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bercik, Michael, J, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 Center Road
 City Lancaster State PA Zip Code 17603
 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 ▼ 400.00

Date of Receipt 08 / 20 / 2021
Transaction ID : 11096216
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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 3140 South Waverly Park
 City Tampa State FL Zip Code 33629
 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 ▼ 500.00

Date of Receipt 08 / 20 / 2021
Transaction ID : 11096217
 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 4709 Creekstone Drive
 City Durham State VA 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 ▼ 672.00

Date of Receipt 08 / 23 / 2021
Transaction ID : 11096218
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Glusenkamp, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 23 / 2021
Transaction ID : 11096219
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 143 OF 551
(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. Mejia, Alfonso, , , MD,MPH,FAA

Mailing Address 5332 South Shore Drive

City Chicago State IL Zip Code 60615

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 ▼ **1344.00**

Date of Receipt **08 / 24 / 2021**

Transaction ID : 11096221

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 10811 N 52nd Street

City Scottsdale State AZ Zip Code 85254

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 ▼ **400.00**

Date of Receipt **08 / 24 / 2021**

Transaction ID : 11096222

Amount of Each Receipt this Period **50.00**

Memo Item

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

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 ▼ **672.00**

Date of Receipt **08 / 30 / 2021**

Transaction ID : 11096228

Amount of Each Receipt this Period **84.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **218.00**

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

**SCHEDULE A (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 551
	<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 ▼ 750.00

Date of Receipt 08 / 30 / 2021
Transaction ID : 11096230
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Waddell, Bradford, Sutton, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3421 Marquette St
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carrell Cliic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 30 / 2021
Transaction ID : 11096231
 Amount of Each Receipt this Period 84.00
 Memo Item

C. 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 ▼ 672.00

Date of Receipt 08 / 30 / 2021
Transaction ID : 11096232
 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 145 OF 551
<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. Greenwald, Alan, G, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14780 Tieton Dr

City Yakima	State WA	Zip Code 98908
----------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopedics Northwest	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
08	/	30	/	2021

Transaction ID : 11096235

Amount of Each Receipt this Period
250.00

Memo Item

B. Morgan, Randall, C, , Jr, MD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7913 Rio Bella Pl

City University Park	State FL	Zip Code 34201
-------------------------	-------------	-------------------

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
09	/	03	/	2021

Transaction ID : 11096251

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
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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 ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2021

Transaction ID : 11096281

Amount of Each Receipt this Period
1500.00

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 146 OF 551
	<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. Mangone, Peter, George, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 392 Racquet Club Road
 City Asheville State NC Zip Code 28803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Ridge Bone & Joint Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2021
Transaction ID : 11096283
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Caggiano, Nicholas, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 862 Meinecke Ave Suite 100
 City San Luis Obispo State CA Zip Code 93405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Luke's Ortho Surgery Residency Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2021
Transaction ID : 11096294
 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 ▼ 750.00

Date of Receipt 09 / 04 / 2021
Transaction ID : 11097162
 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 147 OF 551
	<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. Stokesbary, Steven, J, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 627 Arrowhead Ct
 City State Zip Code
 Dakota Dunes SD 57049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 CNOS 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
 09 / 04 / 2021
Transaction ID : 11097163
 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 State Zip Code
 Little Rock AR 72212
 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 ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2021
Transaction ID : 11097164
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Prohaska, Matthew, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 Griggs Hill Road
 City State Zip Code
 Danville VT 05828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NVRH Orthopaedic Clinic 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
 09 / 04 / 2021
Transaction ID : 11097165
 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 148 OF 551
	<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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2021
Transaction ID : 11097166
 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 ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2021
Transaction ID : 11097167
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2021
Transaction ID : 11097168
 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 149 OF 551
	<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. 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 ▼ 750.00

Date of Receipt 09 / 06 / 2021
Transaction ID : 11097169
 Amount of Each Receipt this Period 250.00
 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 ▼ 750.00

Date of Receipt 09 / 06 / 2021
Transaction ID : 11097170
 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
 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 ▼ 750.00

Date of Receipt 09 / 06 / 2021
Transaction ID : 11097171
 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 150 OF 551
<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. 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
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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 ▼
750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2021

Transaction ID : 11097172

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
------------------	-------------	-------------------

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 ▼
756.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2021

Transaction ID : 11097173

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 ▼
756.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 06 / 2021

Transaction ID : 11097174

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 551
	<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. 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
 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 ▼ 450.00

Date of Receipt 09 / 06 / 2021
Transaction ID : 11097175
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Brady, Drew, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 North Buckridge Drive
 City Greenville State DE Zip Code 19807-2271
 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 ▼ 1000.00

Date of Receipt 09 / 06 / 2021
Transaction ID : 11097553
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Duggan, John, P, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Meadows End
 City Georgetown State TX Zip Code 78628-0906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wellstone Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 06 / 2021
Transaction ID : 11097555
 Amount of Each Receipt this Period 500.00
 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 152 OF 551
	<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. 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
---------------------	-------------	-------------------

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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2021

Transaction ID : 11097911

Amount of Each Receipt this Period
100.00

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
-----------------	-------------	-------------------

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 ▼
1428.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2021

Transaction ID : 11097912

Amount of Each Receipt this Period
84.00

Memo Item

C. Gray, F, Scott, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Olmstead Lane

City Ridgefield	State CT	Zip Code 06877
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Connecticut Family Orthopaedics	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
09		08		2021

Transaction ID : 11097914

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	284.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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,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
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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 ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2021

Transaction ID : 11098306

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
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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 ▼
1575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2021

Transaction ID : 11098310

Amount of Each Receipt this Period
175.00

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) ASPIRUS	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2021

Transaction ID : 11098312

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 154 OF 551
	<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 ▼ 756.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11098315
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Hsu, Joseph, R, , MD,FAAOS
 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 ▼ 750.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11098324
 Amount of Each Receipt this Period 250.00
 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
 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 ▼ 583.31

Date of Receipt 09 / 07 / 2021
Transaction ID : 11098330
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	417.33
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 155 OF 551
	<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. Clain, Michael, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Indian Head Road

City Riverside	State CT	Zip Code 06878
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopaedic & Neurosurgery Specialists	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2021

Transaction ID : 11099333

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 30 Hope Drive
Bldg A, Suite 2900, EC089

City Hershey	State PA	Zip Code 17033
-----------------	-------------	-------------------

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 ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2021

Transaction ID : 11099334

Amount of Each Receipt this Period
125.00

Memo Item

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

Mailing Address 11193 Maple Ridge Drive

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2021

Transaction ID : 11101341

Amount of Each Receipt this Period
200.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 156 OF 551
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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. Jester, Adam, F, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8420 Boxwood Dr

City Tampa	State FL	Zip Code 33615
---------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopaedic Medical Group of Tampa Bay	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
09	/	11	/	2021

Transaction ID : 11103034

Amount of Each Receipt this Period
500.00

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
---------------	-------------	-------------------

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 ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2021

Transaction ID : 11103035

Amount of Each Receipt this Period
84.00

Memo Item

C. Flanagan, Brody, A, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10021 Dahman Circle

City Dallas	State TX	Zip Code 75238
----------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopedic Associates of Dallas	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
09	/	11	/	2021

Transaction ID : 11103038

Amount of Each Receipt this Period
1000.00

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 157 OF 551
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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. Kennedy, Thomas, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1106 Pecks Canyon
 City Yakima State WA Zip Code 98908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedics Northwest PLLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 11 / 2021
Transaction ID : 11103040
 Amount of Each Receipt this Period 1000.00
 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
 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 ▼ 756.00

Date of Receipt 09 / 12 / 2021
Transaction ID : 11103041
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Marinello, Patrick, Gaetano, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 Bradhaven Rd
 City Slingerlands State NY Zip Code 12159
 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 ▼ 856.00

Date of Receipt 09 / 12 / 2021
Transaction ID : 11103042
 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 158 OF 551
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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. Dodds, Julie, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 90th Ave
 City Lone Rock State IA Zip Code 50559
 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 ▼ 856.00

Date of Receipt 09 / 12 / 2021
Transaction ID : 11103043
 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
 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 ▼ 756.00

Date of Receipt 09 / 12 / 2021
Transaction ID : 11103044
 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) Orthopaedic Center for Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 12 / 2021
Transaction ID : 11103045
 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 159 OF 551
(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. 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 ▼ 756.00

Date of Receipt 09 / 12 / 2021
Transaction ID : 11103046
 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
 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 ▼ 756.00

Date of Receipt 09 / 12 / 2021
Transaction ID : 11103047
 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
 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 ▼ 756.00

Date of Receipt 09 / 13 / 2021
Transaction ID : 11105846
 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 160 OF 551
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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 ▼ 750.00

Date of Receipt 09 / 13 / 2021
Transaction ID : 11105847
 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 ▼ 900.00

Date of Receipt 09 / 13 / 2021
Transaction ID : 11105848
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Espiritu, Michael, T, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Spanish Bay
 City North Sioux City 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 ▼ 300.00

Date of Receipt 09 / 13 / 2021
Transaction ID : 11106879
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
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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. McLaughlin, Jeffrey, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 W Ninth Ave
 Suite 125
 City Oshkosh State WI Zip Code 54904
 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 ▼ 2250.00

Date of Receipt 09 / 13 / 2021
Transaction ID : 11106966
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Woods, Barrett, Ivory, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 623 Park Place
 City Galloway State NJ Zip Code 08205
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2021
Transaction ID : 11107044
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Courtney, Paul, Maxwell, , MD, FAOS
 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
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 14 / 2021
Transaction ID : 11107045
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3084.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Brenneman, Rodney, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1218 Cameron Drive
 City Manheim State PA Zip Code 17545
 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 09 / 15 / 2021
Transaction ID : 11107422
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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
 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 ▼ 504.00

Date of Receipt 09 / 15 / 2021
Transaction ID : 11107423
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Halperin, Lawrence, S, , MD,FAAOS
 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 ▼ 1000.00

Date of Receipt 09 / 01 / 2021
Transaction ID : 11107860
 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 163 OF 551
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Urband, Lindsey, , MD,FAOS
 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 ▼ 1172.00

Date of Receipt 09 / 03 / 2021
Transaction ID : 11107898
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Robbe, Frederick, G, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8400 Shiloh Church Rd
 City Hopkinsville State KY Zip Code 42240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WKOSM Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2021
Transaction ID : 11108267
 Amount of Each Receipt this Period 250.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jefferson Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 16 / 2021
Transaction ID : 11108271
 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 164 OF 551
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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. Winder, Carey, E, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 866 Woodgate Blvd
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baton Rouge Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 14 / 2021
Transaction ID : 11108278
 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 ▼ 801.00

Date of Receipt 09 / 14 / 2021
Transaction ID : 11108284
 Amount of Each Receipt this Period 89.00
 Memo Item

C. De Campos, Juliet, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3400 Oakmont Drive
 City Pensacola State FL Zip Code 32503-6969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Andrews Institute Baptist Healthcare Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 14 / 2021
Transaction ID : 11108285
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1589.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. DiPreta, John, Anthony, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1367 Washington Ave, Suite 200
 City Albany State NY Zip Code 12206
 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 09 / 14 / 2021
Transaction ID : 11108287
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Hutton, Kirk, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2725 S 144th St Ste 212
 City Omaha State NE Zip Code 68144
 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 09 / 14 / 2021
Transaction ID : 11108288
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Buzzell, Jonathan, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2725 S 144th St Ste 212
 City Omaha State NE Zip Code 68144
 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 09 / 14 / 2021
Transaction ID : 11108289
 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 166 OF 551
	<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. 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 ▼ 375.03

Date of Receipt 09 / 14 / 2021
Transaction ID : 11108301
 Amount of Each Receipt this Period 41.67
 Memo Item

B. 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 ▼ 375.03

Date of Receipt 09 / 14 / 2021
Transaction ID : 11108302
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Calandrucio, 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 ▼ 375.03

Date of Receipt 09 / 14 / 2021
Transaction ID : 11108303
 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 167 OF 551
	<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. 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 09 / 14 / 2021
Transaction ID : 11108304
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. 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 ▼ 375.03

Date of Receipt
 09 / 14 / 2021
Transaction ID : 11108306
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. 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 ▼ 375.03

Date of Receipt
 09 / 14 / 2021
Transaction ID : 11108307
 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 168 OF 551
	<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. 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 ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2021
Transaction ID : 11108308
 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
 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 ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2021
Transaction ID : 11108309
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Kelly, Derek, Michael, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave Suite 100
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2021
Transaction ID : 11108310
 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 169 OF 551
	<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. 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 ▼ 375.03

Date of Receipt 09 / 14 / 2021
Transaction ID : 11108313
 Amount of Each Receipt this Period 41.67
 Memo Item

B. 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
 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 ▼ 375.03

Date of Receipt 09 / 14 / 2021
Transaction ID : 11108314
 Amount of Each Receipt this Period 41.67
 Memo Item

C. 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 ▼ 375.03

Date of Receipt 09 / 14 / 2021
Transaction ID : 11108316
 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 170 OF 551
	<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. 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
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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 ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2021

Transaction ID : 11108317

Amount of Each Receipt this Period
41.67

Memo Item

B. 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
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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 ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2021

Transaction ID : 11108318

Amount of Each Receipt this Period
41.67

Memo Item

c. 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
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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 ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2021

Transaction ID : 11108319

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 171 OF 551
	<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. 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 ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2021

Transaction ID : 11108321

Amount of Each Receipt this Period
41.67

Memo Item

B. 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
-----------------	-------------	-------------------

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 ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2021

Transaction ID : 11108322

Amount of Each Receipt this Period
41.67

Memo Item

C. 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) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2021

Transaction ID : 11108323

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 172 OF 551
	<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. 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 ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2021
Transaction ID : 11108324
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. 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 ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2021
Transaction ID : 11108325
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Advanced Ortho & Rehab 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
 09 / 17 / 2021
Transaction ID : 11108913
 Amount of Each Receipt this Period
 84.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 551
	<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. 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
----------------	-------------	-------------------

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 ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2021

Transaction ID : 11108914

Amount of Each Receipt this Period
84.00

Memo Item

B. 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
----------------	-------------	-------------------

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 ▼
378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2021

Transaction ID : 11108915

Amount of Each Receipt this Period
42.00

Memo Item

C. 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
--------------------	-------------	-------------------

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 ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2021

Transaction ID : 11111788

Amount of Each Receipt this Period
84.00

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 174 OF 551
	<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. 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
 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 ▼ 756.00

Date of Receipt 09 / 19 / 2021
Transaction ID : 11111789
 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 738 Newman Rd
 City New Bern State NC Zip Code 28562
 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 ▼ 756.00

Date of Receipt 09 / 19 / 2021
Transaction ID : 11111790
 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
 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 ▼ 906.00

Date of Receipt 09 / 19 / 2021
Transaction ID : 11111791
 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 175 OF 551
<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. 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 ▼ 750.00

Date of Receipt 09 / 20 / 2021
Transaction ID : 11111794
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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) Summit Health Management Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 20 / 2021
Transaction ID : 11111795
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Levine, Marc, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Tinari Drive
 City Richboro State PA Zip Code 18954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Trenton Orthopaedic Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 20 / 2021
Transaction ID : 11112324
 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 176 OF 551
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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. Shen, Wen, , , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 Pond Hills Ct

City Pleasant Valley	State NY	Zip Code 12569
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopedic Associates of Dutchess Coun	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
09		21		2021

Transaction ID : 11112325

Amount of Each Receipt this Period
84.00

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
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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 ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2021

Transaction ID : 11112326

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
-----------------	-------------	-------------------

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 ▼
747.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2021

Transaction ID : 11112327

Amount of Each Receipt this Period
83.00

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 177 OF 551
	<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. 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 ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2021

Transaction ID : 11112675

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 ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2021

Transaction ID : 11112677

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
---------------------	-------------	-------------------

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 ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2021

Transaction ID : 11112678

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 178 OF 551
	<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. Hire, Justin, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 Crestwood Lane
 City Columbia State MO Zip Code 65203
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Dwight David Eisenhower Army Medical C Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt
 09 / 22 / 2021
Transaction ID : 11112679
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Styron, Joseph, F, , MD, PhD, F
 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) Occupation (for Individual)
 Cleveland Clinic Foundation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 09 / 22 / 2021
Transaction ID : 11112680
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Robinson, Brian, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4413 Highway 15
 City Silver City State NM Zip Code 88061
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Southwest Bone & Joint Institute Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 09 / 22 / 2021
Transaction ID : 11112681
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1292.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. Popa, Anca, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 Norwood Ave
 City Montclair State NJ Zip Code 07043
 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 09 / 02 / 2021
Transaction ID : 11112715
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Newson, Graham, , ,
 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 ▼ 1600.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11112716
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Herzka, Andrea, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 SW Parkside Ln
 City Portland State OR Zip Code 97205-5852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OHSU Center For Health & Healing Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11112717
 Amount of Each Receipt this Period 500.00
 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 180 OF 551
	<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 52240-7900
 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 ▼ 2100.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11112718
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Barton, Shane, , , MD,MPH,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Cliffewood Place
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Louisiana State University Health Shre Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11112719
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Prud'homme, Bonhomme, Joseph, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Medical Center Drive PO Box 9196
 City Morgantown State WV Zip Code 26508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Virginia University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11112721
 Amount of Each Receipt this Period 300.00
 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 181 OF 551
<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. Haus, Mary, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Alyssum Drive
 City Butler State PA Zip Code 16001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Valley Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11112722
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Rekant, Mark, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Cove Rd
 City Moorestown State NJ Zip Code 08057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Associate Professor Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11112724
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Castello, Paul, H, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 377 Broken Arrow Rd
 City Nipomo State CA Zip Code 93444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Coast Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11112725
 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 182 OF 551
	<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. Hayden, Shawn, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5124 Marble Falls Ln
 City Plano State TX Zip Code 75093-7545
 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
 09 / 02 / 2021
Transaction ID : 11112726
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Star, Andrew, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1223 Marietta Drive
 City Ambler State PA Zip Code 19002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedicare 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
 09 / 02 / 2021
Transaction ID : 11112727
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Klatt, Brian, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5200 Centre Ave Suite 415
 City Pittsburgh State PA Zip Code 15232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shadyside Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2021
Transaction ID : 11112729
 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 183 OF 551
	<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. Bredthauer, Bryan, D, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9814 Harney Pkwy North
 City Omaha State NE Zip Code 68114
 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 09 / 02 / 2021
Transaction ID : 11112731
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Herzka, Andrea, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 SW Parkside Ln
 City Portland State OR Zip Code 97205-5852
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) OHSU Center For Health & Healing Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11112732
 Amount of Each Receipt this Period 500.00
 Memo Item

C. 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 1100.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11112735
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 1100.00
TOTAL This Period (last page this line number only).....

**SCHEDULE A (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 551
	<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. Kelly, Jon, P, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2777 Jefferson Street
Suite 100

City Carlsbad State CA Zip Code 92008

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

Name of Employer (for Individual) Jon P Kelly A Medical Corporation Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 256.41

Date of Receipt 09 / 02 / 2021
Transaction ID : 11112738

Amount of Each Receipt this Period 256.41

Memo Item

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

Mailing Address 12490 W Fielding Cir
Apt 411

City Playa Vista State CA Zip Code 90094

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

Name of Employer (for Individual) Memorial Care Long Beach Medical Cente Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11112739

Amount of Each Receipt this Period 250.00

Memo Item

C. Koh, Jason, L, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308 Woodley Road

City Winnetka State IL Zip Code 60093

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

Name of Employer (for Individual) Northshore Hospital Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11112741

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1506.41
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 551
	<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. Polly, David, W, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7405 Hyde Park Dr
 City Minneapolis State MN Zip Code 55439-1741
 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 ▼ 1000.00

Date of Receipt 09 / 02 / 2021
Transaction ID : 11112743
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Yucha, David, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Colonial Drive
 City West Chester State PA Zip Code 19382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopaedic & Sports Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 03 / 2021
Transaction ID : 11112746
 Amount of Each Receipt this Period 250.00
 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 ▼ 1256.00

Date of Receipt 09 / 03 / 2021
Transaction ID : 11112747
 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 186 OF 551
	<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. Yates, Adolph, J, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 Mallard Drive
 City Pittsburgh State PA Zip Code 15238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Pittsburgh Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 09 / 03 / 2021
Transaction ID : 11112748
 Amount of Each Receipt this Period 150.00
 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
 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 ▼ 822.00

Date of Receipt 09 / 03 / 2021
Transaction ID : 11112749
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Kramer, Robert, Charles, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3650 Laurel Ave
 3650 Laurel Ave
 City Beaumont State TX Zip Code 77707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beaumont Bone and Joint Insitute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2021
Transaction ID : 11112750
 Amount of Each Receipt this Period 1000.00
 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 187 OF 551
	<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. Ahbel, Dorrit, E, , MD,FAAOS

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

Mailing Address 251 Baldwin Way

City Sacramento	State CA	Zip Code 95864-5625
--------------------	-------------	------------------------

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

Name of Employer (for Individual) VAMC Sacramento	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
09		03		2021

Transaction ID : 11112751

Amount of Each Receipt this Period
500.00

Memo Item

B. Grothaus, Matthew, Christian, , MD,FAAOS

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

Mailing Address 4486 County Road 10

City Bryan	State OH	Zip Code 43506-9717
---------------	-------------	------------------------

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

Name of Employer (for Individual) Parkview Ortho 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
09		03		2021

Transaction ID : 11112752

Amount of Each Receipt this Period
1000.00

Memo Item

C. Kennedy, E, Jeff, , MD,FAAOS

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

Mailing Address 235 Johnstone Dr

City Madison	State MS	Zip Code 39110-7686
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

Transaction ID : 11112753

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 188 OF 551
	<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. Grindel, Steven, I, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7615 N Beach Dr

City Fox Point	State WI	Zip Code 53217
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Medical College of Wisconsin	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

Transaction ID : 11112754

Amount of Each Receipt this Period
1000.00

Memo Item

B. Lundy, Douglas, W, , MD,MBA,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 Ostrum Street
PPHP-2

City Bethlehem	State PA	Zip Code 18015
-------------------	-------------	-------------------

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

Name of Employer (for Individual) St. Luke's University Health Network	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

Transaction ID : 11112756

Amount of Each Receipt this Period
150.00

Memo Item

c. 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 ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

Transaction ID : 11112757

Amount of Each Receipt this Period
250.00

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 189 OF 551
<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. Trick, Lorence, W, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 509
 City Elmendorf State TX Zip Code 78112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ TX Health 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 09 / 03 / 2021
Transaction ID : 11112758
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lemker, Joseph, F, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 Chambersburg Dr
 City Duluth State MN Zip Code 55811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duluth Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2021
Transaction ID : 11112759
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ritchie, William, L, , MD,MBA,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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Mexico Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 03 / 2021
Transaction ID : 11112760
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
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	<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. Jeffcoat, B, Thomas, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3003 Delaware Ave

City McComb	State MS	Zip Code 39648
----------------	-------------	-------------------

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

Name of Employer (for Individual) McComb Ortho 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
09		03		2021

Transaction ID : 11112761

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 360 W Butterfield Rd Ste 160

City Elmhurst	State IL	Zip Code 60126
------------------	-------------	-------------------

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

Name of Employer (for Individual) 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
09		03		2021

Transaction ID : 11112762

Amount of Each Receipt this Period
1000.00

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2021

Transaction ID : 11112763

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 191 OF 551
	<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. 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
 Name of Employer (for Individual) Gulf Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112770
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Matson, Paul, C, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1431 Premier Drive
 City Mankato State MN Zip Code 56001
 Name of Employer (for Individual) Orthopedic and Fracture Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112781
 Amount of Each Receipt this Period 150.00
 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
 Name of Employer (for Individual) Advanced Center of Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112786
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	405.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
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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. Engstrom, Stephen, Matthew, , MD, FAAOS

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

Mailing Address 9207 Duncaster Ct

City Brentwood	State TN	Zip Code 37027
-------------------	-------------	-------------------

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 ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2021

Transaction ID : 11112787

Amount of Each Receipt this Period
84.00

Memo Item

B. Dodds, Julie, A, , MD,FAAOS

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

Mailing Address 2603 90th Ave

City Lone Rock	State IA	Zip Code 50559
-------------------	-------------	-------------------

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 ▼
772.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2021

Transaction ID : 11112794

Amount of Each Receipt this Period
100.00

Memo Item

C. Schmitz, Matthew, R, , MD,FAAOS

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2021

Transaction ID : 11112796

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	284.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. Kuzel, Bradley, Randall, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4040 Minnesota Avenue
 City Duluth State MN Zip Code 55802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Essentia Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112797
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Ingari, John, Victor, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 903 Baltimore Yacht Club Rd
 City Baltimore State MD Zip Code 21221-2003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wellspan Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112799
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kraushaar, Barry, S, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Divot PI
 City Suffern State NY Zip Code 10901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Ortho & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 334.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112800
 Amount of Each Receipt this Period 84.00
 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 194 OF 551
	<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. Romness, Mark, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Far Hills Rd
 City Charlottesville State VA Zip Code 22901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Virginia Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112802
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wolf, Shane, Kelby, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2644 Burden Creek Rd
 City Johns Island State SC Zip Code 29455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112804
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Igram, Cassim, M, , MD,FAAOS
 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 52240-7900
 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 ▼ 2200.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112807
 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: (check only one)	PAGE 195 OF 551
	<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. Donaldson, Thomas, Kent, , MD,FAAOS

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

Mailing Address 333 W South Ave

City Redlands	State CA	Zip Code 92373
------------------	-------------	-------------------

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

Name of Employer (for Individual) Loma Linda 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
09		07		2021

Transaction ID : 11112808

Amount of Each Receipt this Period
1000.00

Memo Item

B. Faloon, Michael, , , MD,FAAOS

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

Mailing Address 1317 Garden Street

City Hoboken	State NJ	Zip Code 07030-6764
-----------------	-------------	------------------------

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

Name of Employer (for Individual) University Spine Center 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
09		07		2021

Transaction ID : 11112809

Amount of Each Receipt this Period
1000.00

Memo Item

C. Cummings, Brock, Stefan, , MD,FAAOS

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

Mailing Address 701 Heaven's Gate

City Paradise	State CA	Zip Code 95969
------------------	-------------	-------------------

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

Name of Employer (for Individual) Valley Ridge Orthopedic 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
09		07		2021

Transaction ID : 11112810

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 196 OF 551
	<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. Longenecker, Stephen, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1968 Meadow Ln
 City Reading State PA Zip Code 19610-2710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bone and Joint Care Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2021
Transaction ID : 11112811
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Shapiro, Todd, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10914 Ramsgate Way
 City Bakersfield State CA Zip Code 93311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern California Orthopaedic Instit Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112812
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Turner, William, T, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 97
 City Longview State WA Zip Code 98632-7062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Longview Orthopedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112815
 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 197 OF 551
	<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. 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 ▼ 756.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112816
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Wyzkowski, Richard, John, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Murcia Ct
 City Danville State CA Zip Code 94506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Muir Orthopaedic Specialists Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112817
 Amount of Each Receipt this Period 500.00
 Memo Item

C. LaPorte, Jeffrey, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5202 Laree Ct
 City Missoula State MT Zip Code 59803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Missoula Bone and Joint Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112820
 Amount of Each Receipt this Period 500.00
 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 198 OF 551
<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. Qureshi, Abid, A, , MD			Date of Receipt MM / DD / YYYY 09 / 07 / 2021		
Mailing Address 31 Wilder Road			Transaction ID : 11112824		
City Orinda	State CA	Zip Code 94563-3732	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Muir Orthopaedics Specialists		Occupation (for Individual) Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sheehan, John, P, , MD,FAAOS			Date of Receipt MM / DD / YYYY 09 / 07 / 2021		
Mailing Address 6621 Cuming St			Transaction ID : 11112825		
City Omaha	State NE	Zip Code 68132	Amount of Each Receipt this Period 84.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Boys Town		Occupation (for Individual) Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 756.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Keeney, James, A, , MD,FAAOS			Date of Receipt MM / DD / YYYY 09 / 07 / 2021		
Mailing Address 1106 Shallow Ridge Circle			Transaction ID : 11112826		
City Columbia	State MO	Zip Code 65201	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) University Missouri Orthopaedic Instit		Occupation (for Individual) Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

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 199 OF 551
	<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. Backe, Henry, A, , Jr, MD,FAA
 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 ▼ 750.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112827
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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
 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 ▼ 750.00

Date of Receipt 09 / 07 / 2021
Transaction ID : 11112828
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Chutkan, Norman, Barrington, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 E Lexington Ave Unit 1404
 City Phoenix State AZ Zip Code 85012
 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 ▼ 756.00

Date of Receipt 09 / 08 / 2021
Transaction ID : 11112830
 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 200 OF 551
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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. 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
 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 ▼ 750.00

Date of Receipt 09 / 09 / 2021
Transaction ID : 11112833
 Amount of Each Receipt this Period 250.00
 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
 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 ▼ 756.00

Date of Receipt 09 / 09 / 2021
Transaction ID : 11112834
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Davis, Daniel, Edward, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 Thayer Road
 City Swarthmore State PA Zip Code 19081
 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 ▼ 750.00

Date of Receipt 09 / 13 / 2021
Transaction ID : 11112836
 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 201 OF 551
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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. 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 ▼ 750.00

Date of Receipt 09 / 13 / 2021
Transaction ID : 11112837
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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
 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 ▼ 756.00

Date of Receipt 09 / 13 / 2021
Transaction ID : 11112838
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Parsley, Brian, S, , MD,FAAOS,F
 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 ▼ 756.00

Date of Receipt 09 / 13 / 2021
Transaction ID : 11112839
 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 551
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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. 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 ▼ 756.00

Date of Receipt 09 / 13 / 2021
Transaction ID : 11112840
 Amount of Each Receipt this Period 84.00
 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 ▼ 756.00

Date of Receipt 09 / 14 / 2021
Transaction ID : 11112841
 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 ▼ 756.00

Date of Receipt 09 / 14 / 2021
Transaction ID : 11112842
 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 203 OF 551
	<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. 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 756.00

Date of Receipt 09 / 14 / 2021
Transaction ID : 11112843
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Moon, Daniel, K, , MD,MBA,MS,
 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 750.00

Date of Receipt 09 / 23 / 2021
Transaction ID : 11113189
 Amount of Each Receipt this Period 250.00
 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 750.00

Date of Receipt 09 / 23 / 2021
Transaction ID : 11113190
 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 204 OF 551
	<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. 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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2021

Transaction ID : 11113191

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 2660B Greenbriar Lane

City Annapolis	State MD	Zip Code 21401
-------------------	-------------	-------------------

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 ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2021

Transaction ID : 11113192

Amount of Each Receipt this Period
84.00

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
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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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2021

Transaction ID : 11113193

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 205 OF 551
	<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. Russell, George, V, , Jr, MD,MBA
 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 ▼ 810.00

Date of Receipt 09 / 21 / 2021
Transaction ID : 11113225
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Steinberg, David, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 New Albany Road
 City Moorestown State NJ Zip Code 08057
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Penn Medicine, University City Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2021
Transaction ID : 11113227
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. 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 ▼ 756.00

Date of Receipt 09 / 24 / 2021
Transaction ID : 11113280
 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: (check only one)	PAGE 206 OF 551
	<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. 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 ▼ 750.00

Date of Receipt 09 / 24 / 2021
Transaction ID : 11113281
 Amount of Each Receipt this Period 250.00
 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 ▼ 756.00

Date of Receipt 09 / 26 / 2021
Transaction ID : 11114912
 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
 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 ▼ 756.00

Date of Receipt 09 / 26 / 2021
Transaction ID : 11114913
 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 207 OF 551
	<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. Laughlin, Richard, T., MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9353 Fox Creek Lane
 City Mason State OH Zip Code 45040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Wright State Physicians 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
 09 / 26 / 2021
Transaction ID : 11114923
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. 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) Occupation (for Individual)
 Self Employed 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
 09 / 27 / 2021
Transaction ID : 11114927
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. 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) Occupation (for Individual)
 San Antonio Military Medical Center Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2021
Transaction ID : 11114930
 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 208 OF 551
	<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. 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 ▼ 588.00

Date of Receipt 09 / 27 / 2021
Transaction ID : 11114932
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Newbern, D, Gordon, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4412 S Lookout St
 City Little Rock State AR Zip Code 72205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arkansas Specialty Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 27 / 2021
Transaction ID : 11114933
 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 2603 90th Ave
 City Lone Rock State IA Zip Code 50559
 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 ▼ 1056.00

Date of Receipt 09 / 27 / 2021
Transaction ID : 11115404
 Amount of Each Receipt this Period 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 551
	<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. Jordan, Christopher, , , MD,FAAOS			Date of Receipt		
Mailing Address 12500 NE 10th			M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2021		
City Choctaw	State OK	Zip Code 73020	Transaction ID : 11115405		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00		
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 ▼ 500.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pushkarewicz, Michael, J, , MD,FAAOS,F			Date of Receipt		
Mailing Address 1510 Braken Ave			M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2021		
City Wilmington	State DE	Zip Code 19808	Transaction ID : 11116066		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 42.00		
Name of Employer (for Individual) First State Orthopaedics		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 378.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gary, Joshua, Layne, , MD,FAAOS			Date of Receipt		
Mailing Address 951 Descanso Drive			M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2021		
City La Canada Flintridge	State CA	Zip Code 91011	Transaction ID : 11116067		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 84.00		
Name of Employer (for Individual) Keck School of Medicine of USC		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 ▼ 756.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 551
	<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. Scales, Darrell, Kevin, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5425 Golf View Dr
 City State Zip Code
 Braselton GA 30517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Northeast Georgia Physicians Group 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
 09 / 28 / 2021
Transaction ID : 11116068
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Carolan, Gregory, Francis, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 Meadow Ridge Ct
 City State Zip Code
 Bethlehem PA 18015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 St Luke's Ortho Surg Group 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
 09 / 28 / 2021
Transaction ID : 11116069
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Pinto, Mark, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7644 Base Lake Drive
 City State Zip Code
 Dexter MI 48130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 IHA Orthopaedic Surgery - Chelsea 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
 09 / 28 / 2021
Transaction ID : 11116070
 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 211 OF 551
	<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
-------------------	-------------	-------------------

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 ▼
765.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2021

Transaction ID : 11116071

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 Road

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

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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2021

Transaction ID : 11116072

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
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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 ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2021

Transaction ID : 11116073

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 212 OF 551
	<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. 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 ▼ 756.00

Date of Receipt 09 / 28 / 2021
Transaction ID : 11116074
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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 ▼ 756.00

Date of Receipt 09 / 28 / 2021
Transaction ID : 11116076
 Amount of Each Receipt this Period 84.00
 Memo Item

C. 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 ▼ 756.00

Date of Receipt 09 / 28 / 2021
Transaction ID : 11116077
 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 213 OF 551
	<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. 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
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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 ▼
756.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2021

Transaction ID : 11116078

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 110 Kildaire Park Drive
Ste 106

City Cary	State NC	Zip Code 27518
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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 ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2021

Transaction ID : 11116079

Amount of Each Receipt this Period
125.00

Memo Item

C. Buchowski, Jacob, M, , MD,MS,FAAO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 Rio Vista Dr

City Saint Louis	State MO	Zip Code 63124
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Washington 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
09		28		2021

Transaction ID : 11116132

Amount of Each Receipt this Period
650.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	859.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. Chafey, David, Holmes, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11125 Double Eagle NE
 City Albuquerque State NM Zip Code 87111
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) University of New Mexico Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2021
Transaction ID : 11116149
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Grace, Thomas, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7512 American Heritage NE
 City Albuquerque State NM Zip Code 87109
 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 09 / 28 / 2021
Transaction ID : 11117347
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Stanfield, Denver, T, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4658 Rustic Way
 City Cincinnati State OH Zip Code 45245
 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 09 / 28 / 2021
Transaction ID : 11117354
 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 215 OF 551
	<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. Jacobs-El, Jamil, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 5110

City River Forest	State IL	Zip Code 60305
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Advocate Aurora Health	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
09		28		2021

Transaction ID : 11117355

Amount of Each Receipt this Period
1100.00

Memo Item

B. Truumees, Eeric, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1508 Windsor Rd

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

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
09		29		2021

Transaction ID : 11117376

Amount of Each Receipt this Period
1000.00

Memo Item

C. Cassidy, Carter, , MD, FAOS
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 ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2021

Transaction ID : 11117966

Amount of Each Receipt this Period
85.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2185.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
<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. Wynder, Steven, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5290 W 612 N
 City Huntington State IN Zip Code 46750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parkview Ortho Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 02 / 2021
Transaction ID : 11118552
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Casey, Brett, Edward, , MD,FAOS
 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 ▼ 1000.00

Date of Receipt 10 / 02 / 2021
Transaction ID : 11118553
 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
 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 ▼ 1100.00

Date of Receipt 10 / 02 / 2021
Transaction ID : 11118554
 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 217 OF 551
	<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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2021

Transaction ID : 11118555

Amount of Each Receipt this Period
84.00

Memo Item

B. Rajacich, Nicholas, , , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 619 North I Street

City Tacoma	State WA	Zip Code 98403
----------------	-------------	-------------------

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

Name of Employer (for Individual) Mary Bridge 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
10	/	02	/	2021

Transaction ID : 11118557

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
-------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2021

Transaction ID : 11118633

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 218 OF 551
	<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. Marsh, J, Lawrence, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Hawkins Drive
 01002JPP
 City Iowa City State IA Zip Code 52242-1088
 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 10 / 03 / 2021
Transaction ID : 11118636
 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 840.00

Date of Receipt 10 / 04 / 2021
Transaction ID : 11118639
 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
 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 840.00

Date of Receipt 10 / 04 / 2021
Transaction ID : 11118640
 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 219 OF 551
	<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. Prohaska, Matthew, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 Griggs Hill Road
 City Danville State VT Zip Code 05828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NVRH Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 10 / 04 / 2021
Transaction ID : 11118641
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Culp, Brian, Matthew, , MD,FAOS
 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 ▼ 750.00

Date of Receipt 09 / 20 / 2021
Transaction ID : 11119345
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bercik, Michael, J, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 Center Road
 City Lancaster State PA Zip Code 17603
 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 ▼ 450.00

Date of Receipt 09 / 20 / 2021
Transaction ID : 11119346
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 551
	<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 ▼ 750.00

Date of Receipt 09 / 21 / 2021
Transaction ID : 11119347
 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
 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 09 / 21 / 2021
Transaction ID : 11119348
 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 4709 Creekstone Drive
 City Durham State VA 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 ▼ 756.00

Date of Receipt 09 / 22 / 2021
Transaction ID : 11119349
 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 221 OF 551
	<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 ▼ 450.00

Date of Receipt 09 / 22 / 2021
Transaction ID : 11119350
 Amount of Each Receipt this Period 50.00
 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
 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 ▼ 1512.00

Date of Receipt 09 / 24 / 2021
Transaction ID : 11119351
 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 10811 N 52nd Street
 City Scottsdale State AZ Zip Code 85254
 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 ▼ 450.00

Date of Receipt 09 / 24 / 2021
Transaction ID : 11119352
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	184.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. Panchbhavi, Vinod, Kumar, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1165 Rymers Switch Lane
 City Friendswood State TX Zip Code 77546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Texas Medical Branch Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 284.00

Date of Receipt 09 / 27 / 2021
Transaction ID : 11119355
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Teuscher, David, Dean, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6330 Cobblestone Lane
 City Arlington State TX Zip Code 76001
 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 09 / 27 / 2021
Transaction ID : 11119357
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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
 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 ▼ 750.00

Date of Receipt 09 / 28 / 2021
Transaction ID : 11119358
 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 223 OF 551
	<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 ▼ 756.00

Date of Receipt 09 / 28 / 2021
Transaction ID : 11119361
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Moon, Daniel, K, , MD,MBA,MS,
 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 ▼ 875.00

Date of Receipt 09 / 28 / 2021
Transaction ID : 11119362
 Amount of Each Receipt this Period 125.00
 Memo Item

c. Mott, Michael, P, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11193 Maple Ridge Drive
 City Plymouth State MI Zip Code 48170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Hospital, K-12 Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2021
Transaction ID : 11119363
 Amount of Each Receipt this Period 600.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	809.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
<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. 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Southern Bone and Joint Specialists	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2021

Transaction ID : 11119386

Amount of Each Receipt this Period
125.00

Memo Item

B. Farrow, Lutul, Dashaun, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4471 Bridle Trail

City Bath	State OH	Zip Code 44333
--------------	-------------	-------------------

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

Name of Employer (for Individual) Cleveland Clinic Orthopaedic and Rheum	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
09	/	28	/	2021

Transaction ID : 11119387

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1471 N Patriot Dr

City Greensburg	State IN	Zip Code 47240-6683
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tucson 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
09	/	28	/	2021

Transaction ID : 11119388

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 225 OF 551
<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. Horan, Michael, Patrick, , MD,MS,FAAO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 913 Woodland Dr
 City Columbia State SC Zip Code 29205-2069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palmetto Health Pediatric Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2021
Transaction ID : 11119389
 Amount of Each Receipt this Period 900.00
 Memo Item

B. Schlegel, Theodore, F, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2657 S Fillmore St
 City Denver State CO Zip Code 80210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Steadman Hawkins Clinic-Denver Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2021
Transaction ID : 11119394
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Samora, Julie, B, , MD,PhD,MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 1100.00

Date of Receipt 09 / 29 / 2021
Transaction ID : 11119399
 Amount of Each Receipt this Period 100.00
 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 226 OF 551
	<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. 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 ▼ 1000.00

Date of Receipt 09 / 29 / 2021
Transaction ID : 11119400
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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 ▼ 1000.00

Date of Receipt 09 / 29 / 2021
Transaction ID : 11119401
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ryan, Andrew, Wilson, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 Fountain Court Suite 250
 City Lexington State KY Zip Code 40509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kentucky Bone & Joint Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2021
Transaction ID : 11119402
 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 227 OF 551
	<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. 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 ▼ 1000.00

Date of Receipt 09 / 29 / 2021
Transaction ID : 11119403
 Amount of Each Receipt this Period 750.00
 Memo Item

B. 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 ▼ 1000.00

Date of Receipt 09 / 29 / 2021
Transaction ID : 11119404
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Cobbe, Fraser, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 S Glen Arven Avenue
 City Temple Terrace State FL Zip Code 33617
 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 ▼ 500.00

Date of Receipt 09 / 29 / 2021
Transaction ID : 11119409
 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 228 OF 551
	<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. Urbanek, Paul, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 510
 49 Laurel Lane
 City New Castle State NH Zip Code 03854
 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 ▼ 500.00

Date of Receipt
 09 / 29 / 2021
Transaction ID : 11119410
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Mayerson, Joel, L, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2335 Pinebrook Rd
 City Upper Arlington State OH Zip Code 43220-4327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Ohio State University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 09 / 29 / 2021
Transaction ID : 11119411
 Amount of Each Receipt this Period
 900.00
 Memo Item

c. Hakim-Zargar, Mariam, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Terrace Dr
 City Avon State CT Zip Code 06001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New England Orthopaedic Center, LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt
 09 / 29 / 2021
Transaction ID : 11119412
 Amount of Each Receipt this Period
 990.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2390.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 551
	<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. Kinnucan, Elspeth, R E, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1917 Oak Crest Dr
 City Roseville State CA Zip Code 95661-4060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Roseville Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2021
Transaction ID : 11119413
 Amount of Each Receipt this Period 900.00
 Memo Item

B. Waddell, Bradford, Sutton, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3421 Marquette St
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carrell Cliic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 30 / 2021
Transaction ID : 11119415
 Amount of Each Receipt this Period 84.00
 Memo Item

c. 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 ▼ 756.00

Date of Receipt 09 / 30 / 2021
Transaction ID : 11119416
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1068.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
<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. Lederman, Evan, Scott, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 755 E McDowell Rd
 Second Floor
 City Phoenix State AZ Zip Code 85006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopedic Clinic Assn Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2021
Transaction ID : 11119418
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lubahn, John, D, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Medical Education
 201 State St
 City Erie State PA Zip Code 16550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hand Microsurgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2021
Transaction ID : 11119420
 Amount of Each Receipt this Period 500.00
 Memo Item

C. 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
 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 ▼ 750.00

Date of Receipt 10 / 04 / 2021
Transaction ID : 11119427
 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 231 OF 551
	<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. Wright, Melissa, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3445 Chesternut Ave
 City Baltimore State MD Zip Code 21211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington University School of Medici Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2021
Transaction ID : 11119429
 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 ▼ 2000.00

Date of Receipt 10 / 05 / 2021
Transaction ID : 11119430
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Hunt, Kenneth, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Viking Drive
 City Englewood State CO Zip Code 80113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Colorado Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2021
Transaction ID : 11119435
 Amount of Each Receipt this Period 500.00
 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 232 OF 551
	<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. Hope, Charles, A, , II, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Bent Tree Circle
 City Savannah State GA Zip Code 31411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Optim Orthopedics 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
 10 / 05 / 2021
Transaction ID : 11119436
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Restoration Orthopaedics Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2021
Transaction ID : 11119586
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Seattle Children's Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2021
Transaction ID : 11119587
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5334.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. 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 ▼ 840.00

Date of Receipt 10 / 06 / 2021
Transaction ID : 11119588
 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
 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 ▼ 500.00

Date of Receipt 10 / 06 / 2021
Transaction ID : 11119589
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Pushkin, Gary, W., , MD,FAAOS
 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 ▼ 750.00

Date of Receipt 10 / 06 / 2021
Transaction ID : 11119590
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 551
	<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. 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
------------------	-------------	-------------------

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 ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2021

Transaction ID : 11120006

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) ASPIRUS	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2021

Transaction ID : 11120007

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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2021

Transaction ID : 11120008

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 235 OF 551
	<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. 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
--------------------	-------------	-------------------

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 ▼
666.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2021

Transaction ID : 11120009

Amount of Each Receipt this Period
83.33

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
-----------------	-------------	-------------------

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 ▼
1596.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2021

Transaction ID : 11120056

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 8450 Northwest Blvd

City Indianapolis	State IN	Zip Code 46278
----------------------	-------------	-------------------

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
10		08		2021

Transaction ID : 11122332

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1167.33
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 236 OF 551
	<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. Vicar, Andrew, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8934 Dandy Creek Dr
 City Indianapolis State IN Zip Code 46234
 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 ▼ 500.00

Date of Receipt 10 / 08 / 2021
Transaction ID : 11122333
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Weber, Timothy, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5275 N Meridian St
 City Indianapolis State IN Zip Code 46208
 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 ▼ 500.00

Date of Receipt 10 / 08 / 2021
Transaction ID : 11122334
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Crichlow, Renn, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12273 Bridgewater Rd
 City Indianapolis State IN Zip Code 46256
 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 ▼ 1050.00

Date of Receipt 10 / 08 / 2021
Transaction ID : 11122335
 Amount of Each Receipt this Period 1050.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 551
	<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 ▼
890.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2021

Transaction ID : 11122336

Amount of Each Receipt this Period

89.00

 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 Road

City Riverside	State CT	Zip Code 06878
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopaedic & Neurosurgery Specialists	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2021

Transaction ID : 11122365

Amount of Each Receipt this Period

84.00

 Memo Item

C. Thomas, Anil, Oommen, , MD, FAAOS

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

Mailing Address 221 Hillswick Ct

City Atlanta	State GA	Zip Code 30328
-----------------	-------------	-------------------

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

M M / D D / Y Y Y Y Y Y
10 / 09 / 2021

Transaction ID : 11122368

Amount of Each Receipt this Period

500.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	673.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 551
	<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, 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
 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 10 / 11 / 2021
Transaction ID : 11122398
 Amount of Each Receipt this Period 250.00
 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
 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 ▼ 840.00

Date of Receipt 10 / 11 / 2021
Transaction ID : 11122399
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Glassman, Andrew, H, , MD,MS,FAAO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 North Drexel Avenue
 City Columbus State OH Zip Code 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio State University Wexner Medical C Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 11 / 2021
Transaction ID : 11122400
 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 239 OF 551
	<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
--------------------	-------------	-------------------

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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2021

Transaction ID : 11125608

Amount of Each Receipt this Period
84.00

Memo Item

B. Marinello, Patrick, Gaetano, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43 Bradhaven Rd

City Slingerlands	State NY	Zip Code 12159
----------------------	-------------	-------------------

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 ▼
940.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2021

Transaction ID : 11125609

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 2603 90th Ave

City Lone Rock	State IA	Zip Code 50559
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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 ▼
1140.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2021

Transaction ID : 11125610

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 240 OF 551
	<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. 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
 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 ▼ 840.00

Date of Receipt 10 / 12 / 2021
Transaction ID : 11125611
 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) Orthopaedic Center for Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 12 / 2021
Transaction ID : 11125612
 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 ▼ 840.00

Date of Receipt 10 / 12 / 2021
Transaction ID : 11125613
 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 241 OF 551
	<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
 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 ▼ 840.00

Date of Receipt 10 / 12 / 2021
Transaction ID : 11125614
 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
 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 ▼ 840.00

Date of Receipt 10 / 13 / 2021
Transaction ID : 11126368
 Amount of Each Receipt this Period 84.00
 Memo Item

C. James, Jeremy, R, , MD,FAOS
 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 ▼ 1000.00

Date of Receipt 10 / 13 / 2021
Transaction ID : 11126370
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 551
	<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. Lenarz, Christopher, James, , MD,FAAOS

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

Mailing Address 17300 N Outer Forty Rd
Suite 316

City Chesterfield	State MO	Zip Code 63005
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Excel 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
10		13		2021

Transaction ID : 11126371

Amount of Each Receipt this Period
1000.00

Memo Item

B. Reynolds, Kirk, Allen, , MD,FAAOS

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

Mailing Address 11901 Fairway Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2021

Transaction ID : 11126374

Amount of Each Receipt this Period
100.00

Memo Item

C. Reynolds, Kirk, Allen, , MD,FAAOS

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

Mailing Address 11901 Fairway Dr

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2021

Transaction ID : 11126376

Amount of Each Receipt this Period
700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. 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
----------------------	-------------	-------------------

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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2021

Transaction ID : 11137079

Amount of Each Receipt this Period
84.00

Memo Item

B. Port, J, Teig, , MD, FAAOS

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

Mailing Address 456 Wyndemere

City Heath	State TX	Zip Code 75032
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2021

Transaction ID : 11137285

Amount of Each Receipt this Period
1500.00

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
-----------------	-------------	-------------------

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 ▼
588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2021

Transaction ID : 11137683

Amount of Each Receipt this Period
84.00

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 244 OF 551
	<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,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7092 Killdeer Drive
 City Canfield State OH Zip Code 44406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Youngstown Orthopaedic Associates, Ltd Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2021
Transaction ID : 11137961
 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 5865 Friars Rd Unit 3310
 City San Diego State CA Zip Code 92110
 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 ▼ 1000.00

Date of Receipt 10 / 16 / 2021
Transaction ID : 11137962
 Amount of Each Receipt this Period 250.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jefferson Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 16 / 2021
Transaction ID : 11137963
 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 245 OF 551
	<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. 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 ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2021

Transaction ID : 11137964

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
-----------------	-------------	-------------------

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 ▼
840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2021

Transaction ID : 11138037

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
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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 ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2021

Transaction ID : 11138038

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 246 OF 551
	<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. 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
 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 ▼ 1000.00

Date of Receipt 10 / 17 / 2021
Transaction ID : 11138039
 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
 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 ▼ 840.00

Date of Receipt 10 / 17 / 2021
Transaction ID : 11138040
 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
 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 10 / 17 / 2021
Transaction ID : 11138042
 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: (check only one)	PAGE 247 OF 551
<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. Baker, Champ, , , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 806 Overlook Dr
 City Columbus State GA Zip Code 31906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jack Hughston Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 18 / 2021
Transaction ID : 11138047
 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
 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 ▼ 840.00

Date of Receipt 10 / 18 / 2021
Transaction ID : 11138048
 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 1909 Rhode Island Ave
 City McLean State VA Zip Code 22101
 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 10 / 18 / 2021
Transaction ID : 11138049
 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 248 OF 551
	<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. 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
 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 ▼ 840.00

Date of Receipt 10 / 19 / 2021
Transaction ID : 11138979
 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 738 Newman Rd
 City New Bern State NC Zip Code 28562
 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 ▼ 840.00

Date of Receipt 10 / 19 / 2021
Transaction ID : 11138980
 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
 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 ▼ 990.00

Date of Receipt 10 / 19 / 2021
Transaction ID : 11138981
 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 249 OF 551
	<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. Shen, Wen, , , MD,FAAOS

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

Mailing Address 33 Pond Hills Ct

City Pleasant Valley	State NY	Zip Code 12569
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopedic Associates of Dutchess Coun	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
 10 / 21 / 2021

Transaction ID : 11140215

Amount of Each Receipt this Period
84.00

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
--------------------	-------------	-------------------

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 ▼
840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2021

Transaction ID : 11140216

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
-----------------	-------------	-------------------

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 ▼
830.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2021

Transaction ID : 11140217

Amount of Each Receipt this Period
83.00

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 250 OF 551
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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. 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 ▼
840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2021

Transaction ID : 11141656

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 ▼
750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2021

Transaction ID : 11141658

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
---------------------	-------------	-------------------

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 ▼
840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2021

Transaction ID : 11141659

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 251 OF 551
	<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,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3100 Crestwood Lane

City Columbia	State MO	Zip Code 65203
------------------	-------------	-------------------

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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2021

Transaction ID : 11141660

Amount of Each Receipt this Period
42.00

Memo Item

B. Petrosini, Anthony, V, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 Passaic Avenue

City Spring Lake	State NJ	Zip Code 07762
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2021

Transaction ID : 11141676

Amount of Each Receipt this Period
1000.00

Memo Item

c. Popham, George, Jeffrey, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 Meadow Farms Place

City Louisville	State KY	Zip Code 40245
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Ellis and Badenhausen 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
10		22		2021

Transaction ID : 11141678

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1292.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. Rodriguez, Jose, Esteban, , MD, FAAOS

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

Mailing Address 315 Electra Dr

City Houston	State TX	Zip Code 77073
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopedic Institute for Spinal Disord	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
10		22		2021

Transaction ID : 11141729

Amount of Each Receipt this Period
500.00

Memo Item

B. Barber, Thomas, C, , MD,FAAOS

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

Mailing Address 450 East 63rd Street
Apartment 7L

City New York City	State NY	Zip Code 10065
-----------------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2021

Transaction ID : 11141793

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
---------------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2021

Transaction ID : 11141794

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 253 OF 551
<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. Ede, David, E, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 High Meadow Drive

City Charleston	State WV	Zip Code 25311
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopedic Trauma Group	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2021

Transaction ID : 11141795

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 2660B Greenbriar Lane

City Annapolis	State MD	Zip Code 21401
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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 ▼
840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2021

Transaction ID : 11141796

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 535 East 70th Street

City New York	State NY	Zip Code 10021
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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 ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2021

Transaction ID : 11141808

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 254 OF 551
	<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. 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 ▼ 840.00

Date of Receipt 10 / 24 / 2021
Transaction ID : 11141813
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Kunes, Justin, Ronald, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 Johnson Ferry Rd
 City Marietta State GA Zip Code 30067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Piedmont Physicians Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2021
Transaction ID : 11141817
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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 ▼ 840.00

Date of Receipt 10 / 26 / 2021
Transaction ID : 11142746
 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 255 OF 551
	<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. 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 ▼ 1000.00

Date of Receipt 10 / 26 / 2021
Transaction ID : 11142748
 Amount of Each Receipt this Period 250.00
 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
 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 ▼ 840.00

Date of Receipt 10 / 26 / 2021
Transaction ID : 11142749
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 27 / 2021
Transaction ID : 11143319
 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 551
	<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"/>	<input type="checkbox"/> 17

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

A. 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 ▼ 672.00

Date of Receipt 10 / 27 / 2021
Transaction ID : 11143321
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Newbern, D, Gordon, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4412 S Lookout St
 City Little Rock State AR Zip Code 72205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arkansas Specialty Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 27 / 2021
Transaction ID : 11143322
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Mesfin, Addisu, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 Georgian Court Road
 City Rochester State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Rochester Orthopaedic Su Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2021
Transaction ID : 11143555
 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 257 OF 551
	<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. Urband, Lindsey, , MD,FAOS
 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 ▼ 1340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2021
Transaction ID : 11143556
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Delanois, Ronald, Emilio, , MD,FAOS
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2021
Transaction ID : 11143560
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Engstrom, Stephen, Matthew, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9207 Duncaster Ct
 City Brentwood State TN Zip Code 37027
 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 ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2021
Transaction ID : 11143561
 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 258 OF 551
	<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. Paxton, E, Scott, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 South Meadow Ln
 City Barrington State RI Zip Code 02806-5021
 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 ▼ 500.00

Date of Receipt 10 / 04 / 2021
Transaction ID : 11143562
 Amount of Each Receipt this Period 500.00
 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 ▼ 840.00

Date of Receipt 10 / 05 / 2021
Transaction ID : 11143563
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Kraushaar, Barry, S, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Divot PI
 City Suffern State NY Zip Code 10901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Ortho & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 10 / 05 / 2021
Transaction ID : 11143564
 Amount of Each Receipt this Period 84.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 551
	<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. 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 ▼
950.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2021

Transaction ID : 11143566

Amount of Each Receipt this Period
100.00

Memo Item

B. 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 ▼
840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2021

Transaction ID : 11143567

Amount of Each Receipt this Period
84.00

Memo Item

C. Chutkan, Norman, Barrington, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 E Lexington Ave
Unit 1404

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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 ▼
840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2021

Transaction ID : 11143569

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 260 OF 551
	<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. More, Robert, Cameron, , MD, FAAOS

Mailing Address 8100 Wescott Drive
Suite 101

City Flemington State NJ Zip Code 08822

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
10 / 12 / 2021
Transaction ID : 11143570

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 52 Beach Road
Suite 207

City Fairfield State CT Zip Code 06824

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 ▼
840.00

Date of Receipt
10 / 12 / 2021
Transaction ID : 11143571

Amount of Each Receipt this Period
84.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Parsley, Brian, S, , MD,FAAOS,F

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 ▼
840.00

Date of Receipt
10 / 13 / 2021
Transaction ID : 11143572

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 261 OF 551
	<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. 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 ▼ 840.00

Date of Receipt 10 / 13 / 2021
Transaction ID : 11143573
 Amount of Each Receipt this Period 84.00
 Memo Item

B. DiCaprio, Matthew, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2028 Dobie Lane
 City Schenectady State NY Zip Code 12303
 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 ▼ 1000.00

Date of Receipt 10 / 14 / 2021
Transaction ID : 11143574
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Roberson, Rowland, M, , MD, FAOS
 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 ▼ 840.00

Date of Receipt 10 / 14 / 2021
Transaction ID : 11143575
 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 262 OF 551
	<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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2021

Transaction ID : 11143576

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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2021

Transaction ID : 11143577

Amount of Each Receipt this Period
84.00

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 ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2021

Transaction ID : 11143578

Amount of Each Receipt this Period
41.67

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 263 OF 551
	<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. 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 ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2021

Transaction ID : 11143579

Amount of Each Receipt this Period
41.67

Memo Item

B. 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 ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2021

Transaction ID : 11143580

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 ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2021

Transaction ID : 11143582

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 264 OF 551
	<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. Ford, Marcus, Christopher, , MD, FAAOS

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

Mailing Address 2255 Duntreath Rd

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 ▼
208.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		25		2021

Transaction ID : 11143583

Amount of Each Receipt this Period
20.84

Memo Item

B. 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
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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 ▼
416.70

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		25		2021

Transaction ID : 11143584

Amount of Each Receipt this Period
41.67

Memo Item

C. 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 ▼
416.70

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		25		2021

Transaction ID : 11143585

Amount of Each Receipt this Period
41.67

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 OF 551
	<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. Harkess, James, W, , MD,FAOS
 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 ▼ 416.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2021
Transaction ID : 11143586
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. 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 ▼ 416.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2021
Transaction ID : 11143587
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Kelly, Derek, Michael, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave Suite 100
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 25 / 2021
Transaction ID : 11143588
 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 266 OF 551
	<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. Mascioli, Anthony, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 226 W Goodwyn

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2021

Transaction ID : 11143589

Amount of Each Receipt this Period
20.83

Memo Item

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

Mailing Address 2742 Central Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2021

Transaction ID : 11143590

Amount of Each Receipt this Period
20.83

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) Campbell Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2021

Transaction ID : 11143591

Amount of Each Receipt this Period
41.67

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 OF 551
	<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, 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 ▼ 416.70

Date of Receipt 10 / 25 / 2021

Transaction ID : 11143592

Amount of Each Receipt this Period 41.67

Memo Item

B. Phillips, Barry, B, , MD, FAOS

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

Mailing Address 8681 Windrush

City Memphis State TN Zip Code 38125

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt 10 / 25 / 2021

Transaction ID : 11143593

Amount of Each Receipt this Period 20.83

Memo Item

C. 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 ▼ 416.70

Date of Receipt 10 / 25 / 2021

Transaction ID : 11143594

Amount of Each Receipt this Period 41.67

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 OF 551
	<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. 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
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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 ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2021

Transaction ID : 11143596

Amount of Each Receipt this Period
41.67

Memo Item

B. 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
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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 ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2021

Transaction ID : 11143597

Amount of Each Receipt this Period
41.67

Memo Item

c. 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 ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2021

Transaction ID : 11143598

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 269 OF 551
	<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. Thompson, Kirk, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 St Albans Fairway
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2021
Transaction ID : 11143599
 Amount of Each Receipt this Period
 20.83
 Memo Item

B. 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2021
Transaction ID : 11143600
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. 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
 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 ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2021
Transaction ID : 11143601
 Amount of Each Receipt this Period
 41.67
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 OF 551
	<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. 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) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 25 / 2021
Transaction ID : 11143602
 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) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 25 / 2021
Transaction ID : 11143603
 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) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 25 / 2021
Transaction ID : 11143604
 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 271 OF 551
	<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. 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 ▼ 750.00

Date of Receipt 10 / 25 / 2021
Transaction ID : 11143636
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Russell, George, V, , Jr, MD,MBA
 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 ▼ 900.00

Date of Receipt 10 / 25 / 2021
Transaction ID : 11143638
 Amount of Each Receipt this Period 90.00
 Memo Item

C. Lindgren, David, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8001 Chesshire Ln N
 City Maple Grove State MN Zip Code 55311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2021
Transaction ID : 11143646
 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 272 OF 551
	<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. 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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2021

Transaction ID : 11144036

Amount of Each Receipt this Period
500.00

Memo Item

B. Pushkarewicz, Michael, J, , MD,FAAOS,F
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 ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2021

Transaction ID : 11144037

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
------------------------------	-------------	-------------------

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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2021

Transaction ID : 11144038

Amount of Each Receipt this Period
84.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 551
	<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. Scales, Darrell, Kevin, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5425 Golf View Dr
 City State Zip Code
 Braselton GA 30517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Northeast Georgia Physicians Group 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
 10 / 28 / 2021
Transaction ID : 11144039
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2021
Transaction ID : 11144040
 Amount of Each Receipt this Period
 84.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2021
Transaction ID : 11144041
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	269.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 551
	<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. 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
---------------------	-------------	-------------------

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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2021

Transaction ID : 11144042

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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2021

Transaction ID : 11144043

Amount of Each Receipt this Period
84.00

Memo Item

C. McClintock, Kyle, Ross, , DO,MBA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5460 Parkford Circle

City Granite Bay	State CA	Zip Code 95746
---------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2021

Transaction ID : 11144044

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 275 OF 551
	<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. Della Rocca, Gregory, John, , MD,PhD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Stonehaven Rd

City Columbia	State MO	Zip Code 65203
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2021

Transaction ID : 11144045

Amount of Each Receipt this Period
250.00

Memo Item

B. 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
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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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2021

Transaction ID : 11144046

Amount of Each Receipt this Period
84.00

Memo Item

C. 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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2021

Transaction ID : 11144047

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 276 OF 551
	<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. 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 ▼ 840.00

Date of Receipt 10 / 28 / 2021
Transaction ID : 11144048
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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 ▼ 750.00

Date of Receipt 10 / 28 / 2021
Transaction ID : 11144049
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Chimento, George, F, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2405 Chester St
 City Metairie State LA Zip Code 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2021
Transaction ID : 11145171
 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 277 OF 551
	<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. Crosland, Edward, M, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 389 Woldus Rd

City North Augusta	State SC	Zip Code 29841
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Champion 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
10		28		2021

Transaction ID : 11145190

Amount of Each Receipt this Period
250.00

Memo Item

B. Smucker, Craig, G, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1101 Oakland Ct

City Newark	State DE	Zip Code 19711
----------------	-------------	-------------------

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

Name of Employer (for Individual) Smucker 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
10		28		2021

Transaction ID : 11145224

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 614 Baldwin Ave

City Norfolk	State VA	Zip Code 23517
-----------------	-------------	-------------------

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
10		28		2021

Transaction ID : 11145226

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 278 OF 551
	<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, Richard, V, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2184

City Staseline	State NV	Zip Code 89449
-------------------	-------------	-------------------

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
10		30		2021

Transaction ID : 11146178

Amount of Each Receipt this Period
1000.00

Memo Item

B. Tigges, Russell, G, , MD, FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Townsend Farm Road

City Lagrangeville	State NY	Zip Code 12540
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopedic Associates of Dutchess Count	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
10		31		2021

Transaction ID : 11146192

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 301 Lynwood Lane

City Raleigh	State NC	Zip Code 27609
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Raleigh 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
10		31		2021

Transaction ID : 11146197

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 279 OF 551
	<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. Rue, John-Paul, H, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 956 Nelson Pl

City Arnold	State MD	Zip Code 21012-1535
----------------	-------------	------------------------

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

Name of Employer (for Individual) The Orthopedic Specialty Hospital At M	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2021

Transaction ID : 11146200

Amount of Each Receipt this Period
250.00

Memo Item

B. Dietrich, Gregory, Dean, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13313 Remuda Canyon

City Lewiston	State ID	Zip Code 83501
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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
10		31		2021

Transaction ID : 11146204

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 9049 Broadway Terr

City Oakland	State CA	Zip Code 94611
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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
10		31		2021

Transaction ID : 11146206

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 280 OF 551
	<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. Bumpass, David, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4915 E Crestwood Drive
 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 ▼ 1000.00

Date of Receipt 10 / 31 / 2021
Transaction ID : 11146210
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Arnold, Douglas, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5575 Polo Ridge
 City Waunakee State WI Zip Code 53597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Divine Savior Healthcare Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2021
Transaction ID : 11146216
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. 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 ▼ 935.00

Date of Receipt 11 / 01 / 2021
Transaction ID : 11146223
 Amount of Each Receipt this Period 85.00
 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 281 OF 551
	<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. Wright, Craig, , MD,FAOS
 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 ▼ 1000.00

Date of Receipt 10 / 18 / 2021
Transaction ID : 11146705
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lajam, Claudette, Malvina, , MD,FAOS
 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 ▼ 5000.00

Date of Receipt 10 / 18 / 2021
Transaction ID : 11146706
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Bercik, Michael, J, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 Center Road
 City Lancaster State PA Zip Code 17603
 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 ▼ 500.00

Date of Receipt 10 / 20 / 2021
Transaction ID : 11146707
 Amount of Each Receipt this Period 50.00
 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 282 OF 551
	<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. Jiranek, William, A, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4709 Creekstone Drive
 City Durham State VA 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 ▼ 840.00

Date of Receipt 10 / 22 / 2021
Transaction ID : 11146709
 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 ▼ 500.00

Date of Receipt 10 / 22 / 2021
Transaction ID : 11146710
 Amount of Each Receipt this Period 50.00
 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
 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 ▼ 1680.00

Date of Receipt 10 / 25 / 2021
Transaction ID : 11146711
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	218.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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, Kenneth, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10811 N 52nd Street

City Scottsdale	State AZ	Zip Code 85254
--------------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		25		2021

Transaction ID : 11146712

Amount of Each Receipt this Period
50.00

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
----------------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2021

Transaction ID : 11146714

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3825 Stratford Ave

City Dallas	State TX	Zip Code 75205-2814
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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 ▼
1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		26		2021

Transaction ID : 11146715

Amount of Each Receipt this Period
1250.00

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 284 OF 551
	<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. Leffers, Kevin, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4922 Stratford Rd
 City Fort Wayne State IN Zip Code 46807-2947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fort Wayne Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2021
Transaction ID : 11146717
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Horne, Robert, H, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3015 E Mt Jordan Rd
 City Sandy State UT Zip Code 84092-3384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2021
Transaction ID : 11146718
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Sisko, Zachary, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 Woodhaven Dr
 City Pittsburgh State PA Zip Code 15228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2021
Transaction ID : 11146719
 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 285 OF 551
	<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. Arend, Thomas, E, , Jr,
 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 Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 28 / 2021
Transaction ID : 11146722
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Panchbhavi, Vinod, Kumar, , MD,FAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1165 Rymers Switch Lane
 City Friendswood State TX Zip Code 77546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Texas Medical Branch Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 368.00

Date of Receipt 10 / 28 / 2021
Transaction ID : 11146724
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Teuscher, David, Dean, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6330 Cobblestone Lane
 City Arlington State TX Zip Code 76001
 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 10 / 28 / 2021
Transaction ID : 11146726
 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 286 OF 551
	<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 ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2021

Transaction ID : 11146727

Amount of Each Receipt this Period
84.00

Memo Item

B. Damsgaard, Christopher, W, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Stoneymeade Way

City Acton	State MA	Zip Code 01720
---------------	-------------	-------------------

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

Name of Employer (for Individual) Tufts 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
10		28		2021

Transaction ID : 11146728

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2004 Hayes Street
Suite 200

City Nashville	State TN	Zip Code 37203
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Elite 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
11		01		2021

Transaction ID : 11146751

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 287 OF 551
	<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. Wynder, Steven, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5290 W 612 N
 City Huntington State IN Zip Code 46750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Parkview Ortho Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 11 / 02 / 2021
Transaction ID : 11146775
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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
 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 ▼ 1000.00

Date of Receipt 11 / 02 / 2021
Transaction ID : 11146776
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Knight, Bradford, S, , MD, FAOS
 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 ▼ 1000.00

Date of Receipt 11 / 02 / 2021
Transaction ID : 11146777
 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 288 OF 551
<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. 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 ▼
1200.00

Date of Receipt

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

Transaction ID : 11146778

Amount of Each Receipt this Period
100.00

Memo Item

B. 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 ▼
924.00

Date of Receipt

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

Transaction ID : 11146779

Amount of Each Receipt this Period
84.00

Memo Item

C. 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 ▼
1000.00

Date of Receipt

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

Transaction ID : 11146780

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 289 OF 551
	<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. 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
-------------------	-------------	------------------------

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 ▼
1000.00

Date of Receipt

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

Transaction ID : 11146781

Amount of Each Receipt this Period
250.00

Memo Item

B. Sanders, Mark, Seltzer, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11315 Bothwell Way

City Houston	State TX	Zip Code 77024
-----------------	-------------	-------------------

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
11		02		2021

Transaction ID : 11146804

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1386 Stanley

City Birmingham	State MI	Zip Code 48009
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Oakland Regional Hospital	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2021

Transaction ID : 11146994

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 290 OF 551
	<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. 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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2021

Transaction ID : 11146996

Amount of Each Receipt this Period
250.00

Memo Item

B. Hembree, Walter, Chad, , MD,FAAOS

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

Mailing Address 204 Witherspoon Rd

City Baltimore	State MD	Zip Code 21212
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Blue Ridge Orthopaedics and Sports Med	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2021

Transaction ID : 11147377

Amount of Each Receipt this Period
250.00

Memo Item

C. Weber, Daniel, T, , MD, FAAOS

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

Mailing Address 1230 Braeburn Ave

City Flossmoor	State IL	Zip Code 60422
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2021

Transaction ID : 11147400

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 291 OF 551
<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. 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 ▼
924.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2021

Transaction ID : 11147401

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
---------------------	-------------	-------------------

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 ▼
924.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2021

Transaction ID : 11147402

Amount of Each Receipt this Period
84.00

Memo Item

C. Prohaska, Matthew, G, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 69 Griggs Hill Road

City Danville	State VT	Zip Code 05828
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
588.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2021

Transaction ID : 11147403

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 292 OF 551
	<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. Bostick, Robert, Douglas, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 213 Sena Drive

City Metairie	State LA	Zip Code 70005
------------------	-------------	-------------------

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

Name of Employer (for Individual) Jefferson Orthopedic 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
11		02		2021

Transaction ID : 11147503

Amount of Each Receipt this Period
250.00

Memo Item

B. Topping, Richard, Edmund, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1502 Harrison Ave Ste 101

City Elkins	State WV	Zip Code 26241-3497
----------------	-------------	------------------------

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

Name of Employer (for Individual) Tygart Valley 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
11		04		2021

Transaction ID : 11147510

Amount of Each Receipt this Period
250.00

Memo Item

C. Waanders, Nicholas, A, , MD,PhD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2352 Willow Bend Circle

City Springdale	State AR	Zip Code 72762-7440
--------------------	-------------	------------------------

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
11		05		2021

Transaction ID : 11147901

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 293 OF 551
	<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. 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 ▼
2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2021
Transaction ID : 11147908

Amount of Each Receipt this Period
 200.00

Memo Item

B. Brolin, Tyler, James, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9294 Ingleside Farms Drive South

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2021
Transaction ID : 11147909

Amount of Each Receipt this Period
 250.00

Memo Item

C. Steubs, John, Arthur, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7032 Oak Pointe Curve

City Bloomington	State MN	Zip Code 55348
---------------------	-------------	-------------------

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

Name of Employer (for Individual) University of MN Department of Orthope	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2021
Transaction ID : 11150151

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 551
	<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. 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
 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 ▼ 924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2021
Transaction ID : 11150633
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2021
Transaction ID : 11150634
 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 ▼ 924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2021
Transaction ID : 11150635
 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 295 OF 551
	<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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2021

Transaction ID : 11150636

Amount of Each Receipt this Period
250.00

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
--------------------------	-------------	-------------------

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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2021

Transaction ID : 11150637

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
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1925.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2021

Transaction ID : 11150640

Amount of Each Receipt this Period
175.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 296 OF 551
	<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) ASPIRUS Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 07 / 2021
Transaction ID : 11150641
 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 ▼ 924.00

Date of Receipt 11 / 07 / 2021
Transaction ID : 11150642
 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
 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 ▼ 749.97

Date of Receipt 11 / 07 / 2021
Transaction ID : 11150643
 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 297 OF 551
	<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. Lane, Joseph, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E 86th St Apt 14F
 City New York City State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 07 / 2021
Transaction ID : 11150644
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Eggers, Ryan, Michael, , MD,MA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 652 S Medical Center Dr Suite 120
 City St George State UT Zip Code 84790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Orthopedics and Sports Medic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 07 / 2021
Transaction ID : 11150650
 Amount of Each Receipt this Period 500.00
 Memo Item

C. 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 ▼ 1000.00

Date of Receipt 11 / 08 / 2021
Transaction ID : 11150656
 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 298 OF 551
	<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
 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 ▼ 1764.00

Date of Receipt 11 / 08 / 2021
Transaction ID : 11150657
 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 ▼ 1000.00

Date of Receipt 11 / 08 / 2021
Transaction ID : 11150658
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Curtis, Benjamin, David, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1990 E Browning Ave
 City Salt Lake Cty State UT Zip Code 84108-2274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Utah Orthopaedic Assoc. Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2021
Transaction ID : 11151921
 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 299 OF 551
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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. Clain, Michael, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Indian Head Road

City Riverside	State CT	Zip Code 06878
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopaedic & Neurosurgery Specialists	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2021

Transaction ID : 11151932

Amount of Each Receipt this Period
84.00

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) Silverman Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2021

Transaction ID : 11151933

Amount of Each Receipt this Period
250.00

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
---------------	-------------	-------------------

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 ▼
924.00

Date of Receipt

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

Transaction ID : 11152543

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 300 OF 551
	<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. Glassman, Andrew, H, , MD,MS,FAAO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 126 North Drexel Avenue
 City Columbus State OH Zip Code 43209
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Ohio State University Wexner Medical C Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 11 / 11 / 2021
Transaction ID : 11152544
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Kaper, Bertrand, Paul, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11227 E Paradise Ln
 City Scottsdale State AZ Zip Code 85255-8918
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Central Arizona Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2021
Transaction ID : 11152545
 Amount of Each Receipt this Period 500.00
 Memo Item

C. 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
 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 ▼ 924.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 11152735
 Amount of Each Receipt this Period 84.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 OF 551
	<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. Marinello, Patrick, Gaetano, , MD, FAAOS

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

Mailing Address 43 Bradhaven Rd

City Slingerlands	State NY	Zip Code 12159
----------------------	-------------	-------------------

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 ▼
1024.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2021

Transaction ID : 11152736

Amount of Each Receipt this Period
84.00

Memo Item

B. Dodds, Julie, A, , MD,FAOS

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

Mailing Address 2603 90th Ave

City Lone Rock	State IA	Zip Code 50559
-------------------	-------------	-------------------

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 ▼
1224.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2021

Transaction ID : 11152737

Amount of Each Receipt this Period
84.00

Memo Item

C. 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 ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		12		2021

Transaction ID : 11152738

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 302 OF 551
	<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. 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
-----------------	-------------	-------------------

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 ▼
924.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2021

Transaction ID : 11152739

Amount of Each Receipt this Period
84.00

Memo Item

B. Espinoza, Luis, M, , MD, FAOS
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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopaedic Center for Sports Medicine	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2021

Transaction ID : 11152740

Amount of Each Receipt this Period
84.00

Memo Item

C. 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
------------------	-------------	-------------------

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
11		12		2021

Transaction ID : 11152741

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 303 OF 551
	<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
 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 ▼ 924.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 11152742
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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) Columbia University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 11152743
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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
 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 ▼ 924.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 11152744
 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 304 OF 551
	<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"/>	<input type="checkbox"/> 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, Kathleen, Anne, , MD, FAAOS

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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2021

Transaction ID : 11152745

Amount of Each Receipt this Period
250.00

Memo Item

B. Ferry, Scott, Thomas, , MD, FAAOS

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

Mailing Address 904 Tuscany Way

City Rockford	State IL	Zip Code 61107
------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2021

Transaction ID : 11152890

Amount of Each Receipt this Period
500.00

Memo Item

C. Parr, Reagan, R, , MD, FAAOS

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

Mailing Address 121 Sunchase Ct

City Johnson City	State TN	Zip Code 37615
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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
11	/	12	/	2021

Transaction ID : 11152986

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 305 OF 551
	<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. 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 ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2021

Transaction ID : 11152988

Amount of Each Receipt this Period
550.00

Memo Item

B. 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
----------------	-------------	-------------------

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 ▼
924.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2021

Transaction ID : 11152989

Amount of Each Receipt this Period
84.00

Memo Item

C. 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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2021

Transaction ID : 11152991

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	734.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. 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
----------------------	-------------	-------------------

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 ▼
924.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2021

Transaction ID : 11152994

Amount of Each Receipt this Period
84.00

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
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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
11		14		2021

Transaction ID : 11152995

Amount of Each Receipt this Period
250.00

Memo Item

C. Wolf, Megan, Rianne, , MD

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

Mailing Address 5816 Zinfandel St

City Winston-Salem	State NC	Zip Code 27106
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Connecticut	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2021

Transaction ID : 11152997

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 307 OF 551
<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. 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 ▼ 1000.00

Date of Receipt 11 / 15 / 2021
Transaction ID : 11153006
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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
 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 ▼ 672.00

Date of Receipt 11 / 15 / 2021
Transaction ID : 11153008
 Amount of Each Receipt this Period 84.00
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jefferson Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 16 / 2021
Transaction ID : 11153413
 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 308 OF 551
	<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. 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2021
Transaction ID : 11153414
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Comisar, Bruce, Rodney, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7786 Brandon Rd
 City New Albany State OH Zip Code 43054-9005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoNeuro Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2021
Transaction ID : 11153418
 Amount of Each Receipt this Period
 1000.00
 Memo Item

c. 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 ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2021
Transaction ID : 11153754
 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 551
	<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. Hodges, Peter, T., MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Charles Pl
 City Manhattan State KS Zip Code 66502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OSMC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 01 / 2021**
Transaction ID : 11153758
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Urband, Lindsey, , MD,FAOS
 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 ▼ 1424.00

Date of Receipt **11 / 03 / 2021**
Transaction ID : 11153761
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Grosso, Matthew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Pembroke Dr
 City Avon State CT Zip Code 06001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Orthopaedics New England Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt **11 / 03 / 2021**
Transaction ID : 11153762
 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 310 OF 551
	<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. Tabaie, Sean, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 Delafield PI NW
 City Washington State DC Zip Code 20011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's National Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 252.00

Date of Receipt **11 / 03 / 2021**
Transaction ID : 11153763
 Amount of Each Receipt this Period **84.00**
 Memo Item

B. Engstrom, Stephen, Matthew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9207 Duncaster Ct
 City Brentwood State TN Zip Code 37027
 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 924.00

Date of Receipt **11 / 04 / 2021**
Transaction ID : 11153764
 Amount of Each Receipt this Period **84.00**
 Memo Item

C. Mast, Nicholas, H, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Alpine Lily Place
 City San Rafael State CA Zip Code 94903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **11 / 16 / 2021**
Transaction ID : 11153766
 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 311 OF 551
	<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. Morawski, David, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 Kaneville Rd
 City Geneva State IL Zip Code 60134-2578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fox Valley Orthopedic Associate Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2021
Transaction ID : 11153770
 Amount of Each Receipt this Period 1000.00
 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
 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 ▼ 924.00

Date of Receipt 11 / 17 / 2021
Transaction ID : 11153880
 Amount of Each Receipt this Period 84.00
 Memo Item

C. 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
 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 ▼ 924.00

Date of Receipt 11 / 17 / 2021
Transaction ID : 11153881
 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 312 OF 551
	<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. 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
 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 ▼ 462.00

Date of Receipt 11 / 17 / 2021
Transaction ID : 11153882
 Amount of Each Receipt this Period 42.00
 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 ▼ 924.00

Date of Receipt 11 / 05 / 2021
Transaction ID : 11153925
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Holmes, S, Wendell, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Belleclave Rd
 City Columbia State SC Zip Code 29223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palmetto Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 05 / 2021
Transaction ID : 11153926
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 313 OF 551
	<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. 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
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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 ▼
1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2021

Transaction ID : 11153927

Amount of Each Receipt this Period

100.00

 Memo Item

B. 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 ▼
924.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2021

Transaction ID : 11153929

Amount of Each Receipt this Period

84.00

 Memo Item

C. Chutkan, Norman, Barrington, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 E Lexington Ave
Unit 1404

City Phoenix	State AZ	Zip Code 85012
-----------------	-------------	-------------------

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 ▼
924.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2021

Transaction ID : 11153931

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 314 OF 551
	<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. Ritchie, William, L, , MD,MBA,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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Mexico Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 08 / 2021
Transaction ID : 11153932
 Amount of Each Receipt this Period 250.00
 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
 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 ▼ 924.00

Date of Receipt 11 / 09 / 2021
Transaction ID : 11153933
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Smith, Micah, Warren, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Hathaway Road
 City Fort Wayne State IN Zip Code 46845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedics Northeast Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 09 / 2021
Transaction ID : 11153934
 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 315 OF 551
	<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. Turnbaugh, Thomas, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1616 Southridge Dr Ste 202
 City Jefferson City State MO Zip Code 65109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Turnbaugh Surgical Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2021
Transaction ID : 11153935
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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
 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 ▼ 924.00

Date of Receipt 11 / 12 / 2021
Transaction ID : 11153936
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Parsley, Brian, S, , MD,FAAOS,F
 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 ▼ 924.00

Date of Receipt 11 / 15 / 2021
Transaction ID : 11153937
 Amount of Each Receipt this Period 84.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 316 OF 551
	<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. 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 ▼ 924.00

Date of Receipt 11 / 15 / 2021
Transaction ID : 11153938
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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 ▼ 900.00

Date of Receipt 11 / 15 / 2021
Transaction ID : 11153939
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Edelstein, David, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6504 Pickens St
 City Houston State TX Zip Code 77007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kelsey Seybold Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2021
Transaction ID : 11153940
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 317 OF 551
	<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 ▼ 924.00

Date of Receipt 11 / 15 / 2021
Transaction ID : 11153941
 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 ▼ 924.00

Date of Receipt 11 / 15 / 2021
Transaction ID : 11153942
 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 ▼ 924.00

Date of Receipt 11 / 15 / 2021
Transaction ID : 11153943
 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 318 OF 551
	<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. 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
 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 ▼ 924.00

Date of Receipt 11 / 18 / 2021
Transaction ID : 11154891
 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
 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 ▼ 924.00

Date of Receipt 11 / 19 / 2021
Transaction ID : 11155549
 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 738 Newman Rd
 City New Bern State NC Zip Code 28562
 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 ▼ 924.00

Date of Receipt 11 / 19 / 2021
Transaction ID : 11155550
 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 319 OF 551
	<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. Cooper, Scott, Snow, , MD,FAOS

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

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 ▼
1074.00

Date of Receipt
11 / 19 / 2021
Transaction ID : 11155551

Amount of Each Receipt this Period
84.00

Memo Item

B. Shen, Wen, , , MD,FAOS

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

Mailing Address 33 Pond Hills Ct

City Pleasant Valley State NY Zip Code 12569

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

Name of Employer (for Individual) Occupation (for Individual)
Orthopedic Associates of Dutchess Coun Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
11 / 21 / 2021
Transaction ID : 11155708

Amount of Each Receipt this Period
84.00

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

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

Name of Employer (for Individual) Occupation (for Individual)
Miami Orthopedics & Sports Medicine In Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼
924.00

Date of Receipt
11 / 21 / 2021
Transaction ID : 11155709

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 320 OF 551
	<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. Stoeckl, Andrew, , MD, FAAOS			Date of Receipt
Mailing Address 90 Fairlawn Dr			<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2021"/>
City Amherst	State NY	Zip Code 14226	Transaction ID : 11155710
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="83.00"/>
Name of Employer (for Individual) Excelsior Orthopedics		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="913.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Stronach, Benjamin, M, MD,FAOS			Date of Receipt
Mailing Address 16 Piedmont Ln			<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2021"/>
City Little Rock	State AR	Zip Code 72223-2232	Transaction ID : 11155711
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) Univ of Arkansas		Occupation (for Individual) Orthopaedic Surgeon	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Oberste, David, Jason, , MD, FAAOS			Date of Receipt
Mailing Address 4504 Rockbridge Hollow			<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2021"/>
City Tallahassee	State FL	Zip Code 32309	Transaction ID : 11155712
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) Tallahassee Orthopedic Clinic III PL		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="750.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="583.00"/>
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 321 OF 551
	<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. 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
----------------------	-------------	-------------------

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 ▼
1924.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		21		2021

Transaction ID : 11155714

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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 ▼
924.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		22		2021

Transaction ID : 11155715

Amount of Each Receipt this Period
84.00

Memo Item

C. 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 ▼
825.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		22		2021

Transaction ID : 11155717

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1159.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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. 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
 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 ▼ 924.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 11155718
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Hire, Justin, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 Crestwood Lane
 City Columbia State MO Zip Code 65203
 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 ▼ 462.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 11155719
 Amount of Each Receipt this Period 42.00
 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) Tri-County Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 23 / 2021
Transaction ID : 11156965
 Amount of Each Receipt this Period 250.00
 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: (check only one)	PAGE 323 OF 551
<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. Friedmann, Elizabeth, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2660B Greenbriar Lane
 City Annapolis State MD Zip Code 21401
 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 ▼ 924.00

Date of Receipt 11 / 23 / 2021
Transaction ID : 11156966
 Amount of Each Receipt this Period 84.00
 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 ▼ 1000.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 11157597
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Shall, Lawrence, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4545 Commerce St 2606
 City Virginia Beach State VA Zip Code 23462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atlantic Orthopaedic Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 11157598
 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 324 OF 551
	<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. Webb, William, F, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 F Country Center Dr #251
 City Pagosa Springs State CO Zip Code 81147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pagosa Springs Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 11157599
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Russell, Jeremy, , , DO, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222260 Woodbine Lane
 City Wausau State WI Zip Code 54401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Associates of Wausau Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 11157600
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Prayson, Michael, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 E Apple St Ste 2200
 City Dayton State OH Zip Code 45409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 11157601
 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 325 OF 551
	<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. Prusick, Vincent, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10517 S West Bay Shore Dr
 City Traverse City State MI Zip Code 49684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Great Lakes 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 Y Y
 11 / 22 / 2021
Transaction ID : 11157604
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Smith, John, Quentin, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3235 S Westbury PI
 City Eagle State ID Zip Code 83616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Treasure Valley Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2021
Transaction ID : 11157605
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Maki, Neil, J, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 602 N Acadia Road Suite 101
 City Thibodaux State LA Zip Code 70301-2627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2021
Transaction ID : 11157606
 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 326 OF 551
<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. Russell, George, V, , Jr, MD,MBA
 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 ▼ 990.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 11157607
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Daouk, Ayman, Ahmad, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 Poinsettia Ave
 City Orlando State FL Zip Code 32804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Physicians Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 11157618
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Terry, Cooper, L, , MD, FAOS
 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 ▼ 750.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 11157619
 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 327 OF 551
<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. Gainor, John, W, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1200

City Santa Barbara	State CA	Zip Code 93102-1200
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Sansum Clinic	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
11	/	22	/	2021

Transaction ID : 11157620

Amount of Each Receipt this Period
1000.00

Memo Item

B. Covey, Capt. Dana, C, , MD, MSc, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12835 Three Canyons Point

City San Diego	State CA	Zip Code 92130-6861
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of California, San Diego	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2021

Transaction ID : 11157621

Amount of Each Receipt this Period
50.00

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
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2021

Transaction ID : 11157622

Amount of Each Receipt this Period
500.00

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 328 OF 551
	<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. 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 ▼ 924.00

Date of Receipt 11 / 24 / 2021
Transaction ID : 11157889
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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 ▼ 1000.00

Date of Receipt 11 / 24 / 2021
Transaction ID : 11157890
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lindaman, Matthew, R, , DO, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2130 E Stonebrook Ln
 City Eldridge State IA Zip Code 52748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Rheumatology Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 24 / 2021
Transaction ID : 11157891
 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 329 OF 551
	<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. Lieberman, Jay, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Orthopaedic Surgery
 1520 San Pablo Street, Suite 2000
 City Los Angeles State CA Zip Code 90033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Keck Med Ctr of USC 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
 11 / 24 / 2021
Transaction ID : 11157943
 Amount of Each Receipt this Period
 500.00
 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) Occupation (for Individual)
 Department of Orthopaedics and Rehabil Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2021
Transaction ID : 11157945
 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Mitros Orthopaedics Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2021
Transaction ID : 11157946
 Amount of Each Receipt this Period
 84.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 330 OF 551
	<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. 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 ▼ 1000.00

Date of Receipt 11 / 27 / 2021
Transaction ID : 11157949
 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 ▼ 756.00

Date of Receipt 11 / 27 / 2021
Transaction ID : 11157950
 Amount of Each Receipt this Period 84.00
 Memo Item

C. 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
 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 ▼ 750.00

Date of Receipt 11 / 27 / 2021
Transaction ID : 11157951
 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 331 OF 551
<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. Newbern, D, Gordon, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4412 S Lookout St
 City Little Rock State AR Zip Code 72205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arkansas Specialty Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 27 / 2021
Transaction ID : 11157952
 Amount of Each Receipt this Period 84.00
 Memo Item

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

Date of Receipt 11 / 28 / 2021
Transaction ID : 11157955
 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
 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 ▼ 924.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 11157956
 Amount of Each Receipt this Period 84.00
 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 332 OF 551
	<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. Scales, Darrell, Kevin, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5425 Golf View Dr
 City State Zip Code
 Braselton GA 30517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Northeast Georgia Physicians Group 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
 11 / 28 / 2021
Transaction ID : 11157957
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Carolan, Gregory, Francis, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 Meadow Ridge Ct
 City State Zip Code
 Bethlehem PA 18015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 St Luke's Ortho Surg Group Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2021
Transaction ID : 11157958
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Torres, Daniel, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1488 Shelburne Ct
 City State Zip Code
 Allentown PA 18104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Lehigh Valley Practioner Group Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼
 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2021
Transaction ID : 11157959
 Amount of Each Receipt this Period
 85.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	269.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 551
	<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. 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
 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 ▼ 924.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 11157960
 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 ▼ 924.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 11157961
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Huddleston, Paul, M, , MD,FAOS
 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 ▼ 1000.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 11157962
 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 334 OF 551
	<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. 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 ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2021

Transaction ID : 11157963

Amount of Each Receipt this Period
250.00

Memo Item

B. 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
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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	/	D D	/	Y Y Y Y
11		28		2021

Transaction ID : 11157964

Amount of Each Receipt this Period
250.00

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
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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 ▼
924.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2021

Transaction ID : 11157965

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 335 OF 551
	<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,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 ▼ 924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2021
Transaction ID : 11157966
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. 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 ▼ 924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2021
Transaction ID : 11157967
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. King, Brandon, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 S Rogers St
 City Northville State MI Zip Code 48167
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2021
Transaction ID : 11157968
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 336 OF 551
	<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. Hamilton, Christopher, D, , MD, FAAOS

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

Mailing Address 11501 Haydock Ct

City Bakersfield	State CA	Zip Code 93311
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2021

Transaction ID : 11158368

Amount of Each Receipt this Period
500.00

Memo Item

B. Jacobs, Joshua, J, , MD,FAAOS

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

Mailing Address 2407 Pomona Lane

City Wilmette	State IL	Zip Code 60091
------------------	-------------	-------------------

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

Name of Employer (for Individual) Rush Univ 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
11		24		2021

Transaction ID : 11158375

Amount of Each Receipt this Period
1000.00

Memo Item

C. Johnson, Gregory, K, , MD, FAAOS

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

Mailing Address 288 Groveland St

City Haverhill	State MA	Zip Code 01830-6669
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
995.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2021

Transaction ID : 11158376

Amount of Each Receipt this Period
995.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2495.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 337 OF 551
<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. Wolock, Bruce, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8564 Leisure Hill Dr
 City Baltimore State MD Zip Code 21208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Towson Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 30 / 2021**
Transaction ID : 11158710
 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 ▼ 1020.00

Date of Receipt **12 / 01 / 2021**
Transaction ID : 11159046
 Amount of Each Receipt this Period 85.00
 Memo Item

C. 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
 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 ▼ 1000.00

Date of Receipt **11 / 19 / 2021**
Transaction ID : 11159431
 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 338 OF 551
	<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 ▼ 550.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 11159433
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Jiranek, William, A, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4709 Creekstone Drive
 City Durham State VA 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 ▼ 924.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 11159434
 Amount of Each Receipt this Period 84.00
 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
 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 ▼ 1848.00

Date of Receipt 11 / 24 / 2021
Transaction ID : 11159435
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	218.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 551
	<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, Kenneth, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10811 N 52nd Street
 City Scottsdale State AZ Zip Code 85254
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2021
Transaction ID : 11159436
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Lange, Jeffrey, K, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Exeter Street Apt 403
 City Boston State MA Zip Code 02116
 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 ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2021
Transaction ID : 11159437
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Leffers, Kevin, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4922 Stratford Rd
 City Fort Wayne State IN Zip Code 46807-2947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fort Wayne Orthopaedics 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
 11 / 26 / 2021
Transaction ID : 11159438
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 340 OF 551
	<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. Panchbhavi, Vinod, Kumar, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1165 Rymers Switch Lane
 City Friendswood State TX Zip Code 77546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Texas Medical Branch Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 452.00

Date of Receipt 11 / 29 / 2021
Transaction ID : 11159440
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Teuscher, David, Dean, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6330 Cobblestone Lane
 City Arlington State TX Zip Code 76001
 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 ▼ 850.00

Date of Receipt 11 / 29 / 2021
Transaction ID : 11159441
 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 ▼ 924.00

Date of Receipt 11 / 29 / 2021
Transaction ID : 11159442
 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 341 OF 551
	<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"/>	<input type="checkbox"/> 17

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

A. Arend, Thomas, E, , Jr,
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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AAOS	Occupation (for Individual) Chief Executive Officer
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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
11	/	29	/	2021

Transaction ID : 11159443

Amount of Each Receipt this Period
84.00

Memo Item

B. Priore, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9400 W Higgins Rd Ste 100

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 Marketing Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2021

Transaction ID : 11159444

Amount of Each Receipt this Period
84.00

Memo Item

C. Epps, Howard, R, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1936 Wroxton 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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

Transaction ID : 11159445

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 342 OF 551
	<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 ▼ 924.00

Date of Receipt 11 / 30 / 2021
Transaction ID : 11159446
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Greenwald, Alan, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14780 Tieton Dr
 City Yakima State WA Zip Code 98908
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Orthopedics Northwest Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 30 / 2021
Transaction ID : 11159447
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Campbell, John, T, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4618 Sheppard Manor Dr
 City Ellicott City State MD Zip Code 21042
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Inst for Foot & Ankle Recon at Mercy Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 01 / 2021
Transaction ID : 11159463
 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 551
	<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. Bhatnagar, Rishi, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14201 Park Center Drive, Suite 410
 City Laurel State MD Zip Code 20707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Precision Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 01 / 2021**
Transaction ID : 11159470
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Yusaf, Michael, Augustine, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1096 Canyon Creek Dr
 City Rochester Hills State MI Zip Code 48306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rochester Knee & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 01 / 2021**
Transaction ID : 11159472
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Shore, Jeremy, Michael, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Berridge Way
 City North Reading State MA Zip Code 01864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sports Medicine North Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 01 / 2021**
Transaction ID : 11159474
 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 344 OF 551
	<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. McCall, Todd, Andrew, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1705 N Halifax Ave

City Daytona Beach	State FL	Zip Code 32118
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ortho Clinic of Daytona Beach	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
12	/	01	/	2021

Transaction ID : 11159476

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 8872 Professional Dr
Ste B

City Cadillac	State MI	Zip Code 49601
------------------	-------------	-------------------

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

Name of Employer (for Individual) Cadillac 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
12	/	01	/	2021

Transaction ID : 11159479

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 43854 Kittiwake Dr

City Leesburg	State VA	Zip Code 20176
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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
---	--

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
12	/	01	/	2021

Transaction ID : 11159482

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 345 OF 551
	<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. Klug, Raymond, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3851 Katella Ave #202
 City Los Alamitos State CA Zip Code 90720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greater Long Beach Orthopaedic Surgica Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 01 / 2021
Transaction ID : 11159484
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Burke, Robert, L, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2341 Blue Bonnet Blvd
 City Houston State TX Zip Code 77030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 01 / 2021
Transaction ID : 11159486
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Cushing, Michael, V, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 385 Highgrove Dr
 City Fayetteville State GA Zip Code 30215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Georgia Bone and Joint Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 01 / 2021
Transaction ID : 11159488
 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 346 OF 551
<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. Barth, Richard, W, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6516 Goldleaf Dr
 City Bethesda State MD Zip Code 20817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington Orthopaedics and Sports Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 01 / 2021
Transaction ID : 11159490
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Reinker, Kent, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 928 Hokulani Street
 City Honolulu State HI Zip Code 96825
 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 12 / 01 / 2021
Transaction ID : 11159493
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Broyles, Joseph, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1371 Elmcrest Dr
 City Baton Rouge State LA Zip Code 70808
 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 12 / 01 / 2021
Transaction ID : 11159499
 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 347 OF 551
<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. Lynch, Garrett, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2003 Medical Pkwy Ste 400
 City Annapolis State MD Zip Code 21401-3088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anne Arundel Orthopaedic Surgeons LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 01 / 2021**
Transaction ID : 11159501
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Sands, Kenneth, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6985 S Tropical Trail
 City Merritt Island State FL Zip Code 32952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health First Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 01 / 2021**
Transaction ID : 11159503
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Cafferky, Nathan, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Millers Loop Rd
 City Edwards State CO Zip Code 81632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vail Summit Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 01 / 2021**
Transaction ID : 11159505
 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 348 OF 551
	<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. Detch, Robert, Corwin, , MD, FAAOS

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

Mailing Address 2517 Valdivia Way

City Burlingame	State CA	Zip Code 94010
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Palo Alto Medical Foundation	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
12		02		2021

Transaction ID : 11159507

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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 90509
------------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

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

Transaction ID : 11159508

Amount of Each Receipt this Period
250.00

Memo Item

C. Wynder, Steven, G, , MD,FAAOS

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

Mailing Address 5290 W 612 N

City Huntington	State IN	Zip Code 46750
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
588.00

Date of Receipt

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

Transaction ID : 11159509

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 349 OF 551
	<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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2021
Transaction ID : 11159510
 Amount of Each Receipt this Period
 250.00
 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2021
Transaction ID : 11159511
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2021
Transaction ID : 11159512
 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 350 OF 551
	<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. Bahu, Maher, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44038 Woodward Suite 200

City Bloomfield Hills	State MI	Zip Code 48302
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopaedic Specialists of Oakland Cou	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
 12 / 02 / 2021

Transaction ID : 11159513

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 8700 Hopewell Rd

City Cincinnati	State OH	Zip Code 45242
--------------------	-------------	-------------------

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

Name of Employer (for Individual) United States Air Force	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
 12 / 02 / 2021

Transaction ID : 11159515

Amount of Each Receipt this Period
250.00

Memo Item

C. Mather, Richard, C, , III, MD,MB
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 Watts St

City Durham	State NC	Zip Code 27701
----------------	-------------	-------------------

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

Name of Employer (for Individual) Duke 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
 12 / 02 / 2021

Transaction ID : 11159517

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 351 OF 551
	<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. Worrel, Daniel, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3304 Wentwood Dr
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 WB Carrell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2021
Transaction ID : 11159539
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Reiter, Mitchell, Forest, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Ravine Lake Rd
 City Bernardsville State NJ Zip Code 07924-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 The New Jersey Spine Specialists 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
 12 / 02 / 2021
Transaction ID : 11159549
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Drillings, Gary, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Nelson Lane
 City Montville State NJ Zip Code 07045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 North Jersey Orthopaedic Group Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : 11159691
 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 352 OF 551
	<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. 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 ▼ 458.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : 11159703
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. 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 ▼ 458.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : 11159704
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Calandrucio, 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 ▼ 458.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : 11159705
 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 353 OF 551
<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. 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : 11159707
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Ford, Marcus, Christopher, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2255 Duntreath Rd
 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 ▼ 229.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : 11159708
 Amount of Each Receipt this Period
 20.84
 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : 11159709
 Amount of Each Receipt this Period
 41.67
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 354 OF 551
	<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. Guyton, James, L, , MD,FAOS
 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 ▼ 458.37

Date of Receipt 11 / 30 / 2021
Transaction ID : 11159710
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Harkess, James, W, , MD,FAOS
 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) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 30 / 2021
Transaction ID : 11159711
 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 ▼ 458.37

Date of Receipt 11 / 30 / 2021
Transaction ID : 11159712
 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 355 OF 551
	<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 1458 W Poplar Ave
 Suite 100
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : 11159713
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Mascioli, Anthony, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 226 W Goodwyn
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : 11159714
 Amount of Each Receipt this Period
 20.83
 Memo Item

C. Mauck, Benjamin, Matthew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2742 Central Ave
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : 11159715
 Amount of Each Receipt this Period
 20.83
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 356 OF 551
	<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. 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 ▼ 458.37

Date of Receipt 11 / 30 / 2021
Transaction ID : 11159716
 Amount of Each Receipt this Period 41.67
 Memo Item

B. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 30 / 2021
Transaction ID : 11159717
 Amount of Each Receipt this Period 41.67
 Memo Item

c. Phillips, Barry, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8681 Windrush
 City Memphis State TN Zip Code 38125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt 11 / 30 / 2021
Transaction ID : 11159718
 Amount of Each Receipt this Period 20.83
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 357 OF 551
	<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. 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : 11159719
 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : 11159721
 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2021
Transaction ID : 11159722
 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 358 OF 551
	<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. 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
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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 ▼
458.37

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : 11159723

Amount of Each Receipt this Period
41.67

Memo Item

B. Thompson, Kirk, Michael, , MD

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

Mailing Address 75 St Albans Fairway

City Memphis	State TN	Zip Code 38111
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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 ▼
229.13

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : 11159724

Amount of Each Receipt this Period
20.83

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
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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 ▼
458.37

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : 11159725

Amount of Each Receipt this Period
41.67

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 359 OF 551
	<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. 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
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

Transaction ID : 11159726

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 ▼
458.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

Transaction ID : 11159727

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 ▼
458.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

Transaction ID : 11159728

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 360 OF 551
	<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. 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 ▼ 458.37

Date of Receipt
 11 / 30 / 2021
Transaction ID : 11159729
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Page, Jean-Maurice, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Ridings Mitchell Creek Rd
 City London State KY Zip Code 40741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 St Joseph Hospital London KY Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 30 / 2021
Transaction ID : 11159761
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 11 / 30 / 2021
Transaction ID : 11159763
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1291.67
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 361 OF 551
	<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. Clark, Joseph, W, , MD,FAAOS
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 ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : 11159764

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 2000 Plum Creek Rd

City Sioux City	State IA	Zip Code 51103
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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 ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : 11159765

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 555 Newfield Ave

City Stamford	State CT	Zip Code 06905
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orgin Health Care Solutions	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		30		2021

Transaction ID : 11159767

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 362 OF 551
	<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 ▼
979.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

Transaction ID : 11159768

Amount of Each Receipt this Period
89.00

Memo Item

B. 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
-------------------	-------------	-------------------

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2021

Transaction ID : 11160044

Amount of Each Receipt this Period
250.00

Memo Item

C. Bailey, James, R, , MD,FAAOS

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

Mailing Address 10439 Blue Summit Court

City San Diego	State CA	Zip Code 92131
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2021

Transaction ID : 11160045

Amount of Each Receipt this Period
42.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	381.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 363 OF 551
	<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. Goertzen, David, Alan, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5050 N Clinton Street
 City Fort Wayne State IN Zip Code 46825-5886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedics Northeast Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 03 / 2021
Transaction ID : 11160215
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Mueller, Robert, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4632 Stonehaven Dr
 City Columbus State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Licking Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 03 / 2021
Transaction ID : 11160221
 Amount of Each Receipt this Period 300.00
 Memo Item

C. 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 ▼ 1000.00

Date of Receipt 12 / 04 / 2021
Transaction ID : 11160412
 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 364 OF 551
	<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
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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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2021

Transaction ID : 11160413

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
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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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2021

Transaction ID : 11160414

Amount of Each Receipt this Period
84.00

Memo Item

C. Prohaska, Matthew, G, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 69 Griggs Hill Road

City Danville	State VT	Zip Code 05828
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NVRH Orthopaedic Clinic	Occupation (for Individual) 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
12		04		2021

Transaction ID : 11160415

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 365 OF 551
	<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. Berg, Jeffrey, H, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1860 Town Center Dr Ste 300
 City Reston State VA Zip Code 20190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TCOA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 04 / 2021
Transaction ID : 11160417
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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 ▼ 1000.00

Date of Receipt 12 / 05 / 2021
Transaction ID : 11160418
 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 ▼ 2400.00

Date of Receipt 12 / 05 / 2021
Transaction ID : 11160419
 Amount of Each Receipt this Period 200.00
 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 366 OF 551
	<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. Dungy, Danton, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9022 E Ann Way
 City Scottsdale State AZ Zip Code 85260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Dungy Orthopedic 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
 12 / 05 / 2021
Transaction ID : 11160422
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. 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) Occupation (for Individual)
 Penn Medicine Orthopaedics 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
 12 / 06 / 2021
Transaction ID : 11160430
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. 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) Occupation (for Individual)
 Texas Orthopaedic 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
 12 / 06 / 2021
Transaction ID : 11160431
 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 367 OF 551
	<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
 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 12 / 06 / 2021
Transaction ID : 11160432
 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 ▼ 1000.00

Date of Receipt 12 / 06 / 2021
Transaction ID : 11160433
 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
 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 ▼ 1008.00

Date of Receipt 12 / 06 / 2021
Transaction ID : 11160434
 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 368 OF 551
	<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. 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 1008.00

Date of Receipt 12 / 06 / 2021
Transaction ID : 11160435
 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
 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 600.00

Date of Receipt 12 / 06 / 2021
Transaction ID : 11160436
 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
 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 2100.00

Date of Receipt 12 / 07 / 2021
Transaction ID : 11162323
 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 369 OF 551
	<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) ASPIRUS	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
12		07		2021

Transaction ID : 11162324

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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2021

Transaction ID : 11162325

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2021

Transaction ID : 11162326

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 370 OF 551
<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. 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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2021

Transaction ID : 11162327

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
--------------------	-------------	-------------------

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 ▼
833.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2021

Transaction ID : 11162328

Amount of Each Receipt this Period
83.33

Memo Item

C. Baker, James, Douglas, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 560 S Loop Rd

City Edgewood	State KY	Zip Code 41017
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Commonwealth Orthopedic Centers	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
12	/	07	/	2021

Transaction ID : 11162329

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 371 OF 551
	<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"/>	<input type="checkbox"/> 17

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

A. Spelich, Mark, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 8285
 City Boise State ID Zip Code 83707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Treasure Valley Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 07 / 2021
Transaction ID : 11162330
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Sullivan, Patrick, Michael, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6001 Westown Pkwy
 City West Des Moines State IA Zip Code 50266-7702
 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 12 / 07 / 2021
Transaction ID : 11162337
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Harvey, Gregory, P, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 480 Park Avenue Apt 14J
 City New York State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Metropolitan Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2021
Transaction ID : 11162340
 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 372 OF 551
	<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
-----------------	-------------	-------------------

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 ▼
1932.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2021

Transaction ID : 11162820

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 25 Olmstead Lane

City Ridgefield	State CT	Zip Code 06877
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Connecticut Family Orthopaedics	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
12	/	08	/	2021

Transaction ID : 11162821

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 1142 Sunburst Way

City Grants Pass	State OR	Zip Code 97526-6352
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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
12	/	08	/	2021

Transaction ID : 11162822

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 373 OF 551
	<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. Reddy, Nithin, C, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5436 Soledad Rd
 City La Jolla State CA Zip Code 92037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern California Permanente Med Grp 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
 12 / 08 / 2021
Transaction ID : 11162827
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Bouvier, Daniel, Patrick, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Swallow Dr
 City Hollis State NH Zip Code 03049-6291
 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
 12 / 08 / 2021
Transaction ID : 11162829
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Rivera, Alberto, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Calle Juan C Borbon Ste 67-395
 City Guenabo State PR Zip Code 00969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rivera Shoulder Orthopaedics and Sport 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
 12 / 08 / 2021
Transaction ID : 11162901
 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 374 OF 551
	<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 Road

City Riverside	State CT	Zip Code 06878
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopaedic & Neurosurgery Specialists	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
12		09		2021

Transaction ID : 11162902

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 30 Hope Drive
Bldg A, Suite 2900, EC089

City Hershey	State PA	Zip Code 17033
-----------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2021

Transaction ID : 11162903

Amount of Each Receipt this Period
125.00

Memo Item

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

Mailing Address 5229 Parliament Pl

City Rockford	State IL	Zip Code 61107-5083
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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

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2021

Transaction ID : 11162926

Amount of Each Receipt this Period
1000.00

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 375 OF 551
	<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. Bellamy, Jaime, Lyn, , DO,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2161 Cranes Creek Rd

City Cameron	State NC	Zip Code 28326
-----------------	-------------	-------------------

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
12		09		2021

Transaction ID : 11162932

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 575 Turnpike St #11

City North Andover	State MA	Zip Code 01845
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Upstate 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
12		09		2021

Transaction ID : 11162940

Amount of Each Receipt this Period
1000.00

Memo Item

C. Cooke, Shannon, E, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1342 Elmwood Dr

City Abilene	State TX	Zip Code 79605-4906
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Abilene Bone and Joint, 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
12		09		2021

Transaction ID : 11162950

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 376 OF 551
	<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. DiRaimondo, Carl, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2331 Woodridge Dr

City Manitowoc	State WI	Zip Code 54220
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Baycare 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
12	/	09	/	2021

Transaction ID : 11162960

Amount of Each Receipt this Period
1000.00

Memo Item

B. Siffri, Paul, Charles, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Putney Bridge Lane

City Simpsonville	State SC	Zip Code 29681
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Steadman Hawkins Clinic of the Carolin	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
12	/	09	/	2021

Transaction ID : 11162962

Amount of Each Receipt this Period
250.00

Memo Item

C. Hansen, Matthew, L, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3362 E Virgil Dr

City Gilbert	State AZ	Zip Code 85298
-----------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2021

Transaction ID : 11162964

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 377 OF 551
	<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. Subramanian, Navin, , , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4611 Shetland Ln

City Houston	State TX	Zip Code 77027-6207
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Orthopaedic Assoc	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
12		09		2021

Transaction ID : 11162968

Amount of Each Receipt this Period
500.00

Memo Item

B. Dennis, Douglas, A, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7250 South Polo Ridge Dr

City Littleton	State CO	Zip Code 80128
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Colorado Joint Replacement	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
12		09		2021

Transaction ID : 11162970

Amount of Each Receipt this Period
1000.00

Memo Item

C. Cashmore, Bourck, D, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 W Mt Elden Lookout Rd

City Flagstaff	State AZ	Zip Code 86001
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Northern Arizona 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
12		09		2021

Transaction ID : 11163005

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 378 OF 551
	<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. L'Insalata, John, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 495 Wooddale Ave
 City Staten Island State NY Zip Code 10301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Surgical Consultant Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 09 / 2021
Transaction ID : 11163029
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Buckley, Steven, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 Locust Ave 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 12 / 10 / 2021
Transaction ID : 11163152
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Politi, Joel, Roger, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 S Columbia Ave
 City Columbus State OH Zip Code 43209
 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 12 / 10 / 2021
Transaction ID : 11163154
 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 379 OF 551
	<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. McHenry, Timothy, Patrick, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 W Prentiss Ave

City Greenville	State SC	Zip Code 29605
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Greenville Health System	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
12		10		2021

Transaction ID : 11163587

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 14 Lee Way

City Oakland	State NJ	Zip Code 07436
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Orthopaedic Hand Specialists	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
12		10		2021

Transaction ID : 11163610

Amount of Each Receipt this Period
250.00

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
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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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2021

Transaction ID : 11163611

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 380 OF 551
	<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. Glassman, Andrew, H, , MD,MS,FAAO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 North Drexel Avenue

City Columbus	State OH	Zip Code 43209
------------------	-------------	-------------------

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

Name of Employer (for Individual) Ohio State University Wexner Medical C	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
12	/	11	/	2021

Transaction ID : 11163612

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 5 Logans Way

City Danbury	State CT	Zip Code 06811
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Hand 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
12	/	11	/	2021

Transaction ID : 11163616

Amount of Each Receipt this Period
1000.00

Memo Item

C. 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
--------------------	-------------	-------------------

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 ▼
1008.00

Date of Receipt

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

Transaction ID : 11163617

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 381 OF 551
	<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. Marinello, Patrick, Gaetano, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 Bradhaven Rd
 City Slingerlands State NY Zip Code 12159
 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 ▼ 1108.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2021
Transaction ID : 11163618
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Dodds, Julie, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 90th Ave
 City Lone Rock State IA Zip Code 50559
 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 ▼ 1308.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2021
Transaction ID : 11163619
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. 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
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2021
Transaction ID : 11163620
 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 382 OF 551
	<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. 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) Orthopaedic Center for Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 12 / 2021
Transaction ID : 11163621
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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 ▼ 1008.00

Date of Receipt 12 / 12 / 2021
Transaction ID : 11163622
 Amount of Each Receipt this Period 84.00
 Memo Item

C. 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
 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 ▼ 1008.00

Date of Receipt 12 / 12 / 2021
Transaction ID : 11163623
 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 383 OF 551
	<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. Keeve, Jonathan, P, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 S Shoreline Drive
 City Liberty Lake State WA Zip Code 99019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Orthopaedic Specialists 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
 12 / 12 / 2021
Transaction ID : 11163625
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Ho, Christine, Ann, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11608 Valleydale Dr
 City Dallas State TX Zip Code 75230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Scottish Rite Hospital For Child 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
 12 / 12 / 2021
Transaction ID : 11163627
 Amount of Each Receipt this Period
 500.00
 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
 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2021
Transaction ID : 11163628
 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 384 OF 551
<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. 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 ▼ 1000.00

Date of Receipt 12 / 13 / 2021
Transaction ID : 11163629
 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 ▼ 1200.00

Date of Receipt 12 / 13 / 2021
Transaction ID : 11163630
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Espiritu, Michael, T, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Spanish Bay
 City North Sioux City 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 ▼ 600.00

Date of Receipt 12 / 13 / 2021
Transaction ID : 11163631
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 385 OF 551
<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. Martin, Daniel, J, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 621 S New Ballas Rd Ste 3005B
 City Saint Louis State MO Zip Code 63141-8200
 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 12 / 13 / 2021
Transaction ID : 11163711
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Paschal, Scott, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7115 Greenville Ave Ste 310
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 13 / 2021
Transaction ID : 11164022
 Amount of Each Receipt this Period 1000.00
 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
 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 ▼ 2008.00

Date of Receipt 12 / 14 / 2021
Transaction ID : 11164029
 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 386 OF 551
	<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. McGuire, Michael, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5478 Saddle Ridge Ct
 City Las Cruces State NM Zip Code 88011-2566
 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 12 / 08 / 2021
Transaction ID : 11164125
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mills, Mark, F, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 E Washington St
 City Chagrin Falls State OH Zip Code 44022
 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 12 / 14 / 2021
Transaction ID : 11164148
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Emerson, Daniel, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8712 Whetstone Rd
 City Evansville State IN Zip Code 47725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 14 / 2021
Transaction ID : 11164211
 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 387 OF 551
	<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. Champine, Michael, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2928 Stanford Ave

City Dallas	State TX	Zip Code 75225
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2021

Transaction ID : 11164255

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
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Jefferson Orthopaedic Clinic	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
12	/	16	/	2021

Transaction ID : 11164766

Amount of Each Receipt this Period
84.00

Memo Item

C. Scolaro, John, Alan, MD, FAAOS, M
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11772 Las Palmas Dr

City Santa Ana	State CA	Zip Code 92705-3118
-------------------	-------------	------------------------

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

Name of Employer (for Individual) UCI 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
12	/	16	/	2021

Transaction ID : 11164856

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 388 OF 551
	<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. Surdam, Jonathan, William, , MD, FAAOS

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

Mailing Address 2519 E Summer Creek Dr

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

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

Name of Employer (for Individual) IU 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
12		16		2021

Transaction ID : 11164974

Amount of Each Receipt this Period
250.00

Memo Item

B. Lucey, Stephen, Davis, , MD,FAAOS

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

Mailing Address 200 W Wendover Ave

City Greensboro	State NC	Zip Code 27401-1307
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Sports Medicine & Joint Replacement	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
12		16		2021

Transaction ID : 11164976

Amount of Each Receipt this Period
500.00

Memo Item

C. Lee, Brian, Kyoung, , MD,FAAOS

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

Mailing Address 13340 Chalon Rd

City Los Angeles	State CA	Zip Code 90049-1808
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Kerlan-Jobe 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
12		16		2021

Transaction ID : 11164980

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 389 OF 551
	<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. Melton, Heather, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1323 E Wood St

City Paris	State TN	Zip Code 38242
---------------	-------------	-------------------

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

Name of Employer (for Individual) Henry County 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
12		02		2021

Transaction ID : 11164988

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 ▼
1508.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2021

Transaction ID : 11164990

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 5 Pembroke Dr

City Avon	State CT	Zip Code 06001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Advanced Orthopaedics New England	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
12		03		2021

Transaction ID : 11164991

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 390 OF 551
	<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. Tabaie, Sean, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1219 Delafield PI NW
 City Washington State DC Zip Code 20011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's National Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **336.00**

Date of Receipt **12 / 03 / 2021**
Transaction ID : 11164992
 Amount of Each Receipt this Period **84.00**
 Memo Item

B. Calfee, Michael, David, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 E Reelfoot Ave Ste 104B
 City Union City State TN Zip Code 38261-6049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 03 / 2021**
Transaction ID : 11164993
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. 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
 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 **4000.00**

Date of Receipt **12 / 03 / 2021**
Transaction ID : 11164994
 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 391 OF 551
	<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. Redondo, Luis, J, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10719 W 160TH ST
 City Orland Park State IL Zip Code 60467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Orthopaedic Consultants Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 03 / 2021
Transaction ID : 11164995
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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
 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 ▼ 1000.00

Date of Receipt 12 / 06 / 2021
Transaction ID : 11164996
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Engstrom, Stephen, Matthew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9207 Duncaster Ct
 City Brentwood State TN Zip Code 37027
 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 ▼ 1008.00

Date of Receipt 12 / 06 / 2021
Transaction ID : 11164997
 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 392 OF 551
	<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. Kefalas, John, C, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2905 N Main St
Suite G

City Decatur State IL Zip Code 62526-4276

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

Name of Employer (for Individual) Central Illinois Bone and Joint Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 06 / 2021
Transaction ID : 11164998

Amount of Each Receipt this Period
500.00

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 ▼ 1008.00

Date of Receipt
12 / 06 / 2021
Transaction ID : 11165000

Amount of Each Receipt this Period
84.00

Memo Item

C. Holmes, S, Wendell, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Belleclave Rd

City Columbia State SC Zip Code 29223

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

Name of Employer (for Individual) Palmetto Health Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
12 / 06 / 2021
Transaction ID : 11165001

Amount of Each Receipt this Period
100.00

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 393 OF 551
	<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. 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 ▼
1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2021

Transaction ID : 11165002

Amount of Each Receipt this Period
100.00

Memo Item

B. 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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2021

Transaction ID : 11165003

Amount of Each Receipt this Period
84.00

Memo Item

C. 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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		06		2021

Transaction ID : 11165004

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 394 OF 551
	<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. Backe, Henry, A, , Jr, MD,FAA			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2021		
Mailing Address 305 Blackrock Turnpike			Transaction ID : 11165005		
City Fairfield	State CT	Zip Code 06825	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Orthopaedic Specialty Group 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 ▼ 1000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Boothby, Michael, Hayden, , MD, FAAOS			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2021		
Mailing Address 119 Hidden Lake Ranch Rd			Transaction ID : 11165006		
City Aledo	State TX	Zip Code 76008	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) The Ortho & Sports Med Institute		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 C. Chutkan, Norman, Barrington, , MD,FAAOS			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 08 / 2021		
Mailing Address 1 E Lexington Ave Unit 1404			Transaction ID : 11165008		
City Phoenix	State AZ	Zip Code 85012	Amount of Each Receipt this Period 84.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) The CORE Institute		Occupation (for Individual) Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1008.00			

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 395 OF 551
	<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. Michaud, Marc, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Cherry Ln
 City Bedford State NH Zip Code 03110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NH Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 08 / 2021
Transaction ID : 11165010
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Boynton, Melbourne, D, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Briarwood Lane
 City Rutland State VT Zip Code 05701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rutland Regional Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 08 / 2021
Transaction ID : 11165011
 Amount of Each Receipt this Period 1000.00
 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
 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 ▼ 1008.00

Date of Receipt 12 / 09 / 2021
Transaction ID : 11165012
 Amount of Each Receipt this Period 84.00
 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 396 OF 551
	<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 410 Thayer Road

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

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2021

Transaction ID : 11165013

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2021

Transaction ID : 11165014

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
-------------------	-------------	-------------------

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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2021

Transaction ID : 11165015

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 397 OF 551
	<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. Parsley, Brian, S, , MD,FAAOS,F
 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 ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2021

Transaction ID : 11165016

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 ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2021

Transaction ID : 11165017

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 ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2021

Transaction ID : 11165018

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 398 OF 551
<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. 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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2021

Transaction ID : 11165019

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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2021

Transaction ID : 11165020

Amount of Each Receipt this Period
84.00

Memo Item

C. Brown, Shervondalonn, R, , MD,FAAOS

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

Mailing Address 1516 Winterberry Drive

City Murfreesboro	State TN	Zip Code 37130
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Tennessee Orthopaedic 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
12	/	14	/	2021

Transaction ID : 11165022

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 399 OF 551
	<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. Rhoads, David, Philip, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5613 Harrods Glen Drive

City Prospect	State KY	Zip Code 40059
------------------	-------------	-------------------

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

Name of Employer (for Individual) Ortho Louisville	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
12		15		2021

Transaction ID : 11165023

Amount of Each Receipt this Period
250.00

Memo Item

B. Spencer, Eric, M, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Greenhaven Rd

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

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
12		16		2021

Transaction ID : 11165025

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 3474 Clay Street

City San Francisco	State CA	Zip Code 94118
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of California, San Francisc	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
12		16		2021

Transaction ID : 11165089

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 400 OF 551
	<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. Molina, Manuel, E, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 Morris Street Suite 104
 City Charleston State WV Zip Code 25301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Healthcare Associates, Inc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 16 / 2021
Transaction ID : 11165148
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Raabe, Todd, Martin, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16987 FM 756
 City Whitehouse State TX Zip Code 75791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Azalea Orthopaedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 16 / 2021
Transaction ID : 11165150
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Abbi, Gaurav, , , MD,BS,FAAO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1850 Sullivan Ave Ste 330
 City Daly City State CA Zip Code 94015-2204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Santa Clara Valley Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 16 / 2021
Transaction ID : 11165157
 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 401 OF 551
	<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. Viehe, Thomas, Blake, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34917 Fairview Rd
 City Oconomowoc State WI Zip Code 53066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 16 / 2021
Transaction ID : 11165159
 Amount of Each Receipt this Period 500.00
 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
 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 ▼ 1008.00

Date of Receipt 12 / 17 / 2021
Transaction ID : 11165231
 Amount of Each Receipt this Period 84.00
 Memo Item

C. 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
 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 ▼ 1008.00

Date of Receipt 12 / 17 / 2021
Transaction ID : 11165232
 Amount of Each Receipt this Period 84.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 402 OF 551
	<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. 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
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2021
Transaction ID : 11165233
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Heckmann, Nathanael, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3876 Hampstead Rd
 City La Canada State CA Zip Code 91011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USC Ortho Residency Program 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
 12 / 17 / 2021
Transaction ID : 11165234
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Henderson, Christopher, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Chatham Hill Circle
 City Clarks Summit State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scranton Orthopaedic 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
 12 / 17 / 2021
Transaction ID : 11165236
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	792.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 403 OF 551
	<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. Lee, Julia, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1166 E Turnberry Ave

City Fresno	State CA	Zip Code 93730
----------------	-------------	-------------------

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

Name of Employer (for Individual) Greenville Hospital	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
12		17		2021

Transaction ID : 11165238

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 706 Wisconsin St

City San Francisco	State CA	Zip Code 94107-2736
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Palo Alto Medical Foundation	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
12		17		2021

Transaction ID : 11165338

Amount of Each Receipt this Period
250.00

Memo Item

C. 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
--------------------	-------------	-------------------

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 ▼
1008.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		18		2021

Transaction ID : 11165370

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 404 OF 551
<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. Vakil, Jeffrey, Jahan, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 Lewis Ln
 City Ambler State PA Zip Code 19002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedicare 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
 12 / 18 / 2021
Transaction ID : 11165373
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Manke, Chad, Richard, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3301 Hidden Pointe Cove
 City Virginia Beach State VA Zip Code 23452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atlantic Orthopaedic 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
 12 / 18 / 2021
Transaction ID : 11165376
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2021
Transaction ID : 11165380
 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 405 OF 551
	<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. 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
----------------------	-------------	-------------------

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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2021

Transaction ID : 11165381

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 738 Newman Rd

City New Bern	State NC	Zip Code 28562
------------------	-------------	-------------------

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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2021

Transaction ID : 11165382

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
---------------------	-------------	-------------------

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 ▼
1158.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2021

Transaction ID : 11165383

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 406 OF 551
	<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. Mont, Michael, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 W Belvedere Avenue
 City Baltimore State MD Zip Code 21215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Orthopaedic Surgoen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 19 / 2021
Transaction ID : 11165385
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Gregory, Paul, R, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4627 King Ranch PI
 City Granite Bay State CA Zip Code 95746
 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 12 / 19 / 2021
Transaction ID : 11165387
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Patel, Savan, Dixit, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Acadia Dr
 City South Barrington State IL Zip Code 60010
 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 12 / 19 / 2021
Transaction ID : 11165389
 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 407 OF 551
	<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. Rose, Nicholas, E, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 360 San Miguel Dr Ste 701

City Newport Beach	State CA	Zip Code 92660
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2021

Transaction ID : 11165391

Amount of Each Receipt this Period
250.00

Memo Item

B. Scherl, Jonathan, Daniel, , MD,MBA,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Evergreen Pl

City Tenafly	State NJ	Zip Code 07670
-----------------	-------------	-------------------

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
12		19		2021

Transaction ID : 11165393

Amount of Each Receipt this Period
500.00

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2021

Transaction ID : 11165406

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 408 OF 551
	<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) Summit Health Management 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
 12 / 20 / 2021
Transaction ID : 11165407
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. McClain, Edward, J, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 281 Canterwood Lane
 City Wexford State PA Zip Code 15090
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2021
Transaction ID : 11166366
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2021
Transaction ID : 11166915
 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: (check only one)	PAGE 409 OF 551
	<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. Spencer, Samantha, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 2000.00

Date of Receipt 12 / 21 / 2021
Transaction ID : 11167003
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Shen, Wen, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 Pond Hills Ct
 City Pleasant Valley State NY Zip Code 12569
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Orthopedic Associates of Dutchess Coun Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 504.00

Date of Receipt 12 / 21 / 2021
Transaction ID : 11167004
 Amount of Each Receipt this Period 84.00
 Memo Item

c. 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
 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 1008.00

Date of Receipt 12 / 21 / 2021
Transaction ID : 11167005
 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 410 OF 551
	<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
-----------------	-------------	-------------------

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 ▼
996.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2021

Transaction ID : 11167006

Amount of Each Receipt this Period
83.00

Memo Item

B. Echols, Eddy, L, , Jr, MD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10818 Barbados Isle Dr

City Tampa	State FL	Zip Code 33647
---------------	-------------	-------------------

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
12	/	21	/	2021

Transaction ID : 11167009

Amount of Each Receipt this Period
500.00

Memo Item

C. Carroll, Paul, Francis, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 170 N Pointe Blvd

City Lancaster	State PA	Zip Code 17601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ortho Assoc 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
12	/	16	/	2021

Transaction ID : 11167014

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1583.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 411 OF 551
	<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. Romness, Mark, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Far Hills Rd
 City Charlottesville State VA Zip Code 22901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Virginia 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
 12 / 21 / 2021
Transaction ID : 11167017
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Edwards, Thomas, Bradley, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7401 S Main St
 City Houston State TX Zip Code 77030-4509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2021
Transaction ID : 11167025
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Hagy, Mark, L, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Mac Lane
 City Pierre State SD Zip Code 57501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avera 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
 12 / 21 / 2021
Transaction ID : 11167041
 Amount of Each Receipt this Period
 1000.00
 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 412 OF 551
<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. Hamilton, William, George, , MD,FAAOS			Date of Receipt
Mailing Address 8299 Glen Cove Ct			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2021"/>
City Alexandria	State VA	Zip Code 22308	Transaction ID : 11167093
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="2000.00"/>
Name of Employer (for Individual) Anderson Orthopaedic Clinic		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="2000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Benz, Robert, J, , MD, FAAOS			Date of Receipt
Mailing Address 2107 Linden Lake Road			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2021"/>
City Fort Collins	State CO	Zip Code 80524	Transaction ID : 11167100
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="750.00"/>
Name of Employer (for Individual) Orthopaedic & Spine Center of the Rock		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="750.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sherbondy, Paul, Strawn, , MD, FAAOS			Date of Receipt
Mailing Address 507 Beaumont Dr			<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2021"/>
City State College	State PA	Zip Code 16801-8311	Transaction ID : 11167101
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) Penn State Health		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="1008.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2834.00"/>
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 413 OF 551
	<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. 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 ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2021

Transaction ID : 11167103

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
---------------------	-------------	-------------------

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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2021

Transaction ID : 11167104

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 3100 Crestwood Lane

City Columbia	State MO	Zip Code 65203
------------------	-------------	-------------------

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 ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2021

Transaction ID : 11167105

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 414 OF 551
	<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. Styron, Joseph, F, , MD, PhD, F
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2021
Transaction ID : 11167106
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dines, David, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Highland Ct
 City Old Westbury State NY Zip Code 11568
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2021
Transaction ID : 11167151
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Willis, Matthew, Parker, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9294 Exton Ln
 City Brentwood State TN Zip Code 37027-1402
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2021
Transaction ID : 11167154
 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 415 OF 551
	<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. Makhuli, Brian, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1748 Woodwalk Creek
 City Atlanta State GA Zip Code 30339
 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
 12 / 22 / 2021
Transaction ID : 11167161
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Moon, Daniel, K, , MD,MBA,MS,
 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 ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2021
Transaction ID : 11168112
 Amount of Each Receipt this Period
 250.00
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2021
Transaction ID : 11168113
 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 416 OF 551
	<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. 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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2021

Transaction ID : 11168114

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 2660B Greenbriar Lane

City Annapolis	State MD	Zip Code 21401
-------------------	-------------	-------------------

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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2021

Transaction ID : 11168115

Amount of Each Receipt this Period
84.00

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2021

Transaction ID : 11168116

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 417 OF 551
	<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. Puopolo, Steven, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Night Heron Dr
 City Stony Brook State NY Zip Code 11790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Charles 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
 12 / 21 / 2021
Transaction ID : 11168136
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Edwards, John, Z, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 Summit Ridge Trl
 City Charlottesville State VA Zip Code 22911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martha Jefferson Medical 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
 12 / 21 / 2021
Transaction ID : 11168137
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Russell, George, V, , Jr, MD,MBA
 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 ▼ 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2021
Transaction ID : 11168138
 Amount of Each Receipt this Period
 90.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2090.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 418 OF 551
	<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. Moseley, Claiborne, Lake, , MD,FAAOS

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) St Bernards 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
12		21		2021

Transaction ID : 11168144

Amount of Each Receipt this Period
500.00

Memo Item

B. Curtis, David, E, , MD, FAAOS

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

Mailing Address 1160 E 3900 S Ste 5000

City Salt Lake City	State UT	Zip Code 84124-1348
------------------------	-------------	------------------------

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
12		21		2021

Transaction ID : 11168145

Amount of Each Receipt this Period
250.00

Memo Item

C. 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
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2021

Transaction ID : 11168146

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 419 OF 551
	<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. 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 ▼ 1008.00

Date of Receipt 12 / 24 / 2021
Transaction ID : 11168673
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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 ▼ 1000.00

Date of Receipt 12 / 24 / 2021
Transaction ID : 11168674
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Meis, Ryan, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 466 Firethorn 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 ▼ 500.00

Date of Receipt 12 / 24 / 2021
Transaction ID : 11168680
 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 420 OF 551
	<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. Coles, Robert, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Lands End Rd
 City Morehead City State NC Zip Code 28557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolinas Center For Surgery 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
 12 / 24 / 2021
Transaction ID : 11168682
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Hartzler, Robert, U, , MD,MS,FAAO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Garrapata Ln
 City San Antonio State TX Zip Code 78232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TSAOG 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
 12 / 24 / 2021
Transaction ID : 11168684
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2021
Transaction ID : 11168686
 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 421 OF 551
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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. 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 ▼ 1008.00

Date of Receipt 12 / 26 / 2021
Transaction ID : 11168687
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Norton, Robert, Patrick, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17461 Rosella Road
 City Boca Raton State FL Zip Code 33496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Florida Spine Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 26 / 2021
Transaction ID : 11168689
 Amount of Each Receipt this Period 500.00
 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 ▼ 1000.00

Date of Receipt 12 / 26 / 2021
Transaction ID : 11168691
 Amount of Each Receipt this Period 580.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1164.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 422 OF 551
	<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. DiFelice, Gregory, Scott, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 East 72nd Street
 Apt 28E
 City New York State NY Zip Code 10021
 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 ▼ 500.00

Date of Receipt 12 / 26 / 2021
Transaction ID : 11168693
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Schmitz, Matthew, R, , MD,FAAOS
 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 ▼ 1400.00

Date of Receipt 12 / 27 / 2021
Transaction ID : 11168697
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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 ▼ 840.00

Date of Receipt 12 / 27 / 2021
Transaction ID : 11168698
 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 423 OF 551
	<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. Newbern, D, Gordon, , MD, FAAOS

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

Mailing Address 4412 S Lookout St

City Little Rock	State AR	Zip Code 72205
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Arkansas Specialty Orthopedics	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
12	/	27	/	2021

Transaction ID : 11168699

Amount of Each Receipt this Period
84.00

Memo Item

B. Roberts, Jeffrey, , , MD, FAAOS

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

Mailing Address 31012 Wilderness Trail

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2021

Transaction ID : 11168870

Amount of Each Receipt this Period
1000.00

Memo Item

C. Hussain, Suleman, M, , MD, FAAOS

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

Mailing Address 6817 Still Creek Pass

City Bettendorf	State IA	Zip Code 52722
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2021

Transaction ID : 11168927

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 424 OF 551
	<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. Pushkarewicz, Michael, J, , MD,FAAOS,F
 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) Occupation (for Individual)
 First State Orthopaedics 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
 12 / 28 / 2021
Transaction ID : 11168932
 Amount of Each Receipt this Period
 42.00
 Memo Item

B. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Keck School of Medicine of USC 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
 12 / 28 / 2021
Transaction ID : 11168933
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Scales, Darrell, Kevin, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5425 Golf View Dr
 City Braselton State GA Zip Code 30517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Northeast Georgia Physicians Group 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
 12 / 28 / 2021
Transaction ID : 11168934
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 425 OF 551
	<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. 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 ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2021

Transaction ID : 11168935

Amount of Each Receipt this Period
84.00

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) IHA Orthopaedic Surgery - Chelsea	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
 12 / 28 / 2021

Transaction ID : 11168936

Amount of Each Receipt this Period
250.00

Memo Item

C. Razi, Afshin, , , MD,FAAOS

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

Mailing Address 2 Dogwood Road

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

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2021

Transaction ID : 11168938

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 426 OF 551
	<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. 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
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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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2021

Transaction ID : 11168939

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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2021

Transaction ID : 11168940

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 ▼
1008.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2021

Transaction ID : 11168941

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 427 OF 551
	<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,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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2021
Transaction ID : 11168942
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. 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 ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2021
Transaction ID : 11168943
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Kauk, Justin, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Kildaire Park Drive
 Ste 106
 City Cary State NC Zip Code 27518
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2021
Transaction ID : 11168944
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	293.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 428 OF 551
	<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. Phillips, Frank, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 N Wabash
 Unit 66D
 City Chicago State IL Zip Code 60611
 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 ▼ 1000.00

Date of Receipt 12 / 28 / 2021
Transaction ID : 11168947
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Slaphey, Gregory, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3347 Oak Grove Church Rd
 City Carrollton State GA Zip Code 30117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carrollton Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 28 / 2021
Transaction ID : 11169869
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mayerson, Joel, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2335 Pinebrook Rd
 City Upper Arlington State OH Zip Code 43220-4327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Ohio State University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 28 / 2021
Transaction ID : 11169871
 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 429 OF 551
	<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. Tenholder, Mark, Joseph, , MD,FAOS

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

Mailing Address 4507 Olde Plantation Place

City Destin	State FL	Zip Code 32541
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2021

Transaction ID : 11169876

Amount of Each Receipt this Period
250.00

Memo Item

B. Wickstrom, Otto, W, , III, MD, F

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

Mailing Address 7741 S Zikes Rd

City Bloomington	State IN	Zip Code 47401
---------------------	-------------	-------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2021

Transaction ID : 11169878

Amount of Each Receipt this Period
500.00

Memo Item

C. Hariri, Sanaz, , , MD, FAAOS

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

Mailing Address 1169 Trinity Drive

City Menlo Park	State CA	Zip Code 94025
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sports and Joint Replacement Specialis	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
12	/	29	/	2021

Transaction ID : 11170064

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 430 OF 551
	<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. Cordell, Davin, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 Williamson Place
 City Corpus Christi State TX Zip Code 78411
 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
 12 / 30 / 2021
Transaction ID : 11170066
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Levy, Jonathan, Chad, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Compass Ln
 City Ft Lauderdale State FL Zip Code 33308-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holy Cross 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
 12 / 30 / 2021
Transaction ID : 11170068
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Bushnell, Brandon, Dubose, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Fallen Branch Circle SE
 City Rome State GA Zip Code 30161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harbin Clinic Orthopedics and Sports M 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
 12 / 30 / 2021
Transaction ID : 11170092
 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 431 OF 551
	<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. Belagaje, Sudhir, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 955 Ovalene Lane SW
 City Marietta State GA Zip Code 30064-7540
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2021
Transaction ID : 11170102
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Bell, Joshua, Alan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2201 Newnan Crossing Blvd East Suite 100
 City Newnan State GA Zip Code 30265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Piedmont Orhtopedics / 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
 12 / 23 / 2021
Transaction ID : 11170103
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Blackwood, Steven, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 338 Lakemoore Dr NE
 City Atlanta State GA Zip Code 30342
 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
 12 / 23 / 2021
Transaction ID : 11170104
 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 432 OF 551
<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. Bowles, Richard, J., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9602 Bay Hill Dr
 City Louisville State KY Zip Code 40223-2852
 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
 12 / 23 / 2021
Transaction ID : 11170105
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Brcka, David, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 272 Greenwood Lane
 City Peachtree City State GA Zip Code 30269
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2021
Transaction ID : 11170106
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Bui, Tuan, L, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2221 Sever Rd
 City Lawrenceville State GA Zip Code 30043-4028
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2021
Transaction ID : 11170107
 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 433 OF 551
	<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. Dalal, Snehal, Chinu, , MD,FAOS

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

Mailing Address 1391 Harris Rd

City Lawrenceville	State GA	Zip Code 30043
-----------------------	-------------	-------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2021

Transaction ID : 11170108

Amount of Each Receipt this Period
250.00

Memo Item

B. Duffield, Mark, , , DO

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

Mailing Address 1668 Mulkey Rd Ste A

City Austell	State GA	Zip Code 30106-1163
-----------------	-------------	------------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2021

Transaction ID : 11170112

Amount of Each Receipt this Period
250.00

Memo Item

C. Fowler, Donald, Edward, , III, MD,FA

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

Mailing Address 801 West Conway Dr NW

City Atlanta	State GA	Zip Code 30327
-----------------	-------------	-------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2021

Transaction ID : 11170117

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 434 OF 551
	<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. Francke, Eric, I, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1418 Oakridge View Dr

City Mableton	State GA	Zip Code 30126-7605
------------------	-------------	------------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2021

Transaction ID : 11170118

Amount of Each Receipt this Period
250.00

Memo Item

B. Ghattas, Timothy, Noshi, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 Eagles Landing Pkwy Ste 300

City Stockbridge	State GA	Zip Code 30281
---------------------	-------------	-------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2021

Transaction ID : 11170119

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 75 North Devereaux Court

City Atlanta	State GA	Zip Code 30327
-----------------	-------------	-------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2021

Transaction ID : 11170120

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 435 OF 551
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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. Johnston, Richard, B, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4575 Bryn Mawr Circle NW
 City Atlanta State GA Zip Code 30327
 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 ▼ 250.00

Date of Receipt 12 / 23 / 2021
Transaction ID : 11170121
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jones, Virginia, Mooney, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1265 Highway 54 West Ste 102
 City Fayetteville State GA Zip Code 30214
 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 ▼ 250.00

Date of Receipt 12 / 23 / 2021
Transaction ID : 11170122
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jordan, Susan, Stewart, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 W Wesley Rd NW
 City Atlanta State GA Zip Code 30327
 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 ▼ 250.00

Date of Receipt 12 / 23 / 2021
Transaction ID : 11170123
 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 436 OF 551
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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. Kasow, Douglas, , DO,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3469 Knollwood Drive NW
 City Atlanta State GA Zip Code 30305
 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 ▼ 250.00

Date of Receipt 12 / 23 / 2021
Transaction ID : 11170124
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lamberson, Keith, Andrew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2102 Jarrod PI
 City Smyrna State GA Zip Code 30080
 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 ▼ 250.00

Date of Receipt 12 / 23 / 2021
Transaction ID : 11170125
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lee, Yong, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Circle 75 Parkway Ste 1700
 City Atlanta State GA Zip Code 30339-3087
 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 ▼ 250.00

Date of Receipt 12 / 23 / 2021
Transaction ID : 11170127
 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 437 OF 551
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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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. Lichtenfeld, William, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Circle 75 Pkwy Suite 1700
 City Atlanta State GA Zip Code 30339-3087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta, LLC Occupation (for Individual) Physician
 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
 12 / 23 / 2021
Transaction ID : 11170132
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Littleton, Travis, Wayne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 Collier Rd NW
 City Atlanta State GA Zip Code 30318
 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
 12 / 23 / 2021
Transaction ID : 11170133
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Maguire, Richard, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2332 Whiting Bay Courts
 City Kennesaw State GA Zip Code 30152
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2021
Transaction ID : 11170134
 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 438 OF 551
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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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. Mathers, Michael, Jonathan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 486 Kingswood Ln NW
 City Atlanta State GA Zip Code 30305-2802
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2021
Transaction ID : 11170137
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. McHenry, Michael, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Circle 75 Parkway Ste 1700
 City Atlanta State GA Zip Code 30339-3087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta, LLC Occupation (for Individual) Physician
 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
 12 / 23 / 2021
Transaction ID : 11170143
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Morgan, Brian, Edward, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5960 Wigwam Way
 City Flowery Branch State GA Zip Code 30542
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2021
Transaction ID : 11170144
 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 439 OF 551
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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. 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
 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 ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2021
Transaction ID : 11170145
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Park, Kevin, U, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 Briar Meadow Court
 City Fayetteville State GA Zip Code 30215-5676
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2021
Transaction ID : 11170148
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Patel, Anuj, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Orthopaedics, EFOB
 49 Jessie Hill Jr Drive Ste 315
 City Atlanta State GA Zip Code 30303-3049
 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
 12 / 23 / 2021
Transaction ID : 11170154
 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 440 OF 551
	<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. Phillips, Sierra, Green, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 254 Meadow Path Drive
 City Marietta State GA Zip Code 30064
 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
 12 / 23 / 2021
Transaction ID : 11170155
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Porter, Jake, , , III, MD,MP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Sidney Lane
 City Fayetteville State GA Zip Code 30215
 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
 12 / 23 / 2021
Transaction ID : 11170156
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Rodriguez-del Rio, Felix, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 11th St Unit 1605
 City Atlanta State GA Zip Code 30309
 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
 12 / 23 / 2021
Transaction ID : 11170157
 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 441 OF 551
	<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. Scalamogna, Domenic, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Sumner Place Court
 City Peachtree City State GA Zip Code 30269
 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 12 / 23 / 2021
Transaction ID : 11170158
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 ▼ 1250.00

Date of Receipt 12 / 23 / 2021
Transaction ID : 11170159
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Smith, Jeffrey, Percey, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7030 Laurel Oak Dr
 City Suwanee State GA Zip Code 30024
 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 ▼ 250.00

Date of Receipt 12 / 23 / 2021
Transaction ID : 11170160
 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 442 OF 551
	<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. Stokes, David, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Circle 75 Pkwy
 Suite 1700
 City Atlanta State GA Zip Code 30339
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2021
Transaction ID : 11170164
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Symbas, Peter, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5360 Mt Vernon Pkwy
 City Atlanta State GA Zip Code 30327
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2021
Transaction ID : 11170165
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Von Bergen, Tobias, Nikolaus, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2179 Weldonberry Dr NE
 City Brookhaven State GA Zip Code 30319-5733
 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
 12 / 23 / 2021
Transaction ID : 11170166
 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 443 OF 551
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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. Williams, Sharrona, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1265 W Hwy 54 Ste 102
 City Fayetteville State GA Zip Code 30214
 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 ▼ 250.00

Date of Receipt **12 / 23 / 2021**
Transaction ID : 11170167
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wimbush, Tracy, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Circle 75 Parkway Ste 1700
 City Atlanta State GA Zip Code 30339-3087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 23 / 2021**
Transaction ID : 11170169
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Duwelius, Paul, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16925 Scott Ct
 City Lake Oswego State OR Zip Code 97034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic & Fracture Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 30 / 2021**
Transaction ID : 11170261
 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 444 OF 551
	<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. Gross, Thomas, P, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Southlake Road

City Columbia	State SC	Zip Code 29223
------------------	-------------	-------------------

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

Name of Employer (for Individual) Midlands 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
12		30		2021

Transaction ID : 11170271

Amount of Each Receipt this Period
1000.00

Memo Item

B. Huddleston, James, Irvin, , III, MD,FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 103 Harkins Road

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

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

Name of Employer (for Individual) Stanford Medicine Outpatient Center	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2021

Transaction ID : 11170341

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 13219 Winstanley Way

City San Diego	State CA	Zip Code 92130
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Scripps Clinic 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
12		30		2021

Transaction ID : 11170352

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 445 OF 551
	<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. Reynolds, Kirk, Allen, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11901 Fairway Dr
 City Little Rock State AR Zip Code 72212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arkansas Specialty Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2021
Transaction ID : 11170356
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Chalal, Joseph, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1005 Brooks Lane
 City Delray Beach State FL Zip Code 33483
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Preferred Orthopedics of the Palm Beac Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2021
Transaction ID : 11170359
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ficke, James, R, , MD,FAAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10715 Pot Spring Rd
 City Cockeysville State MD Zip Code 21030-3019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2021
Transaction ID : 11170366
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 446 OF 551
	<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. Sterba, William, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1867 S Wiesbrook Rd
 City Wheaton State IL Zip Code 60189-7850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NM RMG 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
 12 / 31 / 2021
Transaction ID : 11170368
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Elzaim, Haissam, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 Cardinal Ave
 City McAllen State TX Zip Code 78504
 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
 12 / 31 / 2021
Transaction ID : 11170370
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. White, Lydia, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 Battlevue Place
 City Murfreesboro State TN Zip Code 37128-2203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennessee Orthopedic Alliance Occupation (for Individual) Orthopaedic Surgeons
 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
 12 / 31 / 2021
Transaction ID : 11170741
 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 447 OF 551
<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. Hearty, Thomas, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2116 Woodside Rd
 City Ann Arbor State MI Zip Code 48104
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) IHA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2021
Transaction ID : 11170743
 Amount of Each Receipt this Period 500.00
 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
 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 ▼ 3225.00

Date of Receipt 12 / 31 / 2021
Transaction ID : 11170745
 Amount of Each Receipt this Period 1209.00
 Memo Item

C. Lanighan, Kevin, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5527 Pine Loch Ln
 City Williamsville State NY Zip Code 14221
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Northtown Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 23 / 2021
Transaction ID : 11171645
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2709.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 448 OF 551
<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. Gudeman, Scott, D, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3132 Golfview Dr

City Greenwood	State IN	Zip Code 46143
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ortholndy South	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
12	/	23	/	2021

Transaction ID : 11171646

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2021

Transaction ID : 11171647

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2221 Wankel Way

City Oxnard	State CA	Zip Code 93030
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ventura 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
12	/	23	/	2021

Transaction ID : 11171649

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 449 OF 551
	<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. Le, Theodore, Toan, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7735 Hartford Hills Lane
 City Montgomery State OH Zip Code 45242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UOCC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 16 / 2021
Transaction ID : 11172405
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Calcei, Jacob, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18400 Shelburne Rd
 City Shaker Heights State OH Zip Code 44118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital for Special Surgery-Cornell Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 16 / 2021
Transaction ID : 11172408
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kuhn, John, E, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3724 Richland Avenue
 City Nashville State TN Zip Code 37205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Univ Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 16 / 2021
Transaction ID : 11172409
 Amount of Each Receipt this Period 1000.00
 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 450 OF 551
<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. Ticker, Jonathan, B, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 3rd Ave Apt 1022

City Mineola	State NY	Zip Code 11501-4351
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Orlin & Cohen 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
12	/	16	/	2021

Transaction ID : 11172411

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 420 Hudson Ave

City Clarendon Hills	State IL	Zip Code 60514
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) DuPage Medical Grp	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
12	/	17	/	2021

Transaction ID : 11172412

Amount of Each Receipt this Period
500.00

Memo Item

C. Culp, Brian, Matthew, , MD,FAOS
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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2021

Transaction ID : 11172413

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 451 OF 551
	<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. Freedman, Brett, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1257 Fox Grove Place SW
 City Rochester State MN Zip Code 55902
 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 12 / 20 / 2021
Transaction ID : 11172415
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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 ▼ 1000.00

Date of Receipt 12 / 21 / 2021
Transaction ID : 11172416
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jiranek, William, A, , MD,FAOS,F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4709 Creekstone Drive
 City Durham State VA 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 ▼ 1008.00

Date of Receipt 12 / 22 / 2021
Transaction ID : 11172417
 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 452 OF 551
	<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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2021
Transaction ID : 11172418
 Amount of Each Receipt this Period
 50.00
 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
 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 ▼ 2016.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2021
Transaction ID : 11172420
 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 10811 N 52nd Street
 City Scottsdale State AZ Zip Code 85254
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2021
Transaction ID : 11172421
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	184.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 453 OF 551
<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. Lange, Jeffrey, K, , MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2021		
Mailing Address 28 Exeter Street Apt 403			Transaction ID : 11172422		
City Boston	State MA	Zip Code 02116	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Brigham and Women's Hospital		Occupation (for Individual) Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Leffers, Kevin, John, , MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2021		
Mailing Address 4922 Stratford Rd			Transaction ID : 11172423		
City Fort Wayne	State IN	Zip Code 46807-2947	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Fort Wayne Orthopaedics		Occupation (for Individual) Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Prather, John, T, , MD, FAAOS			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2021		
Mailing Address 4425 Paulsen Street			Transaction ID : 11172424		
City Savannah	State GA	Zip Code 31405	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Chatham Orthopaedic Associates		Occupation (for Individual) Orthopaedic Surgeon	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

SUBTOTAL of Receipts This Page (optional).....▶	370.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 454 OF 551
	<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. Arend, Thomas, E, , Jr,
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 Executive Officer
---	--

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
12		28		2021

Transaction ID : 11172425

Amount of Each Receipt this Period
84.00

Memo Item

B. Panchbhavi, Vinod, Kumar, , MD,FAOS,F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1165 Rymers Switch Lane

City Friendswood	State TX	Zip Code 77546
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Univ of Texas Medical Branch	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
536.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2021

Transaction ID : 11172426

Amount of Each Receipt this Period
84.00

Memo Item

C. Priore, Anthony, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9400 W Higgins Rd Ste 100

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 Marketing Officer
---	--

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
12		28		2021

Transaction ID : 11172427

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 455 OF 551
	<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. Teuscher, David, Dean, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6330 Cobblestone Lane
 City Arlington State TX Zip Code 76001
 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2021
Transaction ID : 11172428
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. 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) Occupation (for Individual)
 Brigham and Women's Hospital 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
 12 / 28 / 2021
Transaction ID : 11172429
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. 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) Occupation (for Individual)
 Orthopaedic & Sports Medicine Speciali 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
 12 / 30 / 2021
Transaction ID : 11172431
 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 456 OF 551
	<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 ▼
1068.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Transaction ID : 11172694

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 ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Transaction ID : 11172695

Amount of Each Receipt this Period
41.67

Memo Item

C. 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 ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Transaction ID : 11172696

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 457 OF 551
	<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. 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : 11172698
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Ford, Marcus, Christopher, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2255 Duntreath Rd
 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 ▼ 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : 11172709
 Amount of Each Receipt this Period
 20.84
 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : 11172710
 Amount of Each Receipt this Period
 41.67
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 458 OF 551
	<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,FAOS
 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 ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : 11172711
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Harkess, James, W, , MD,FAOS
 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 ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : 11172712
 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : 11172713
 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 459 OF 551
<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. Kelly, Derek, Michael, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave
 Suite 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 ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : 11172715
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Mascioli, Anthony, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 226 W Goodwyn
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : 11172716
 Amount of Each Receipt this Period
 20.83
 Memo Item

C. Mauck, Benjamin, Matthew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2742 Central Ave
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : 11172717
 Amount of Each Receipt this Period
 20.83
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 460 OF 551
(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. 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 ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : 11172718
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. 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
 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 ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : 11172719
 Amount of Each Receipt this Period
 41.67
 Memo Item

c. Phillips, Barry, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8681 Windrush
 City Memphis State TN Zip Code 38125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : 11172720
 Amount of Each Receipt this Period
 20.83
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 461 OF 551
	<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. 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 ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Transaction ID : 11172721

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 ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Transaction ID : 11172723

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 ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Transaction ID : 11172724

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 462 OF 551
	<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. 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 ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Transaction ID : 11172725

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 75 St Albans Fairway

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 ▼
249.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Transaction ID : 11172726

Amount of Each Receipt this Period
20.83

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 ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Transaction ID : 11172727

Amount of Each Receipt this Period
41.67

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 463 OF 551
	<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
-----------------	-------------	-------------------

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 ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Transaction ID : 11172728

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
-----------------	-------------	-------------------

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 ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Transaction ID : 11172729

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
-----------------	-------------	------------------------

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 ▼
500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Transaction ID : 11172730

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 464 OF 551
	<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. 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 ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : 11172731
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. 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) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : 11172735
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Jemison, D, Marshall, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 538 West Brow Rd
 City Lookout Mountain State TN Zip Code 37350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Hayes Hand Center 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
 12 / 31 / 2021
Transaction ID : 11172775
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	583.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 465 OF 551
(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. Pollard, James, Alan, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 Stevens
 City Pine Bluff State AR Zip Code 71603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jefferson Regional Orthopaedic and Spi 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
 12 / 31 / 2021
Transaction ID : 11172776
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Sanders, Steven, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9124 Eagle Hills Dr
 City Las Vegas State NV Zip Code 89134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bone & Joint 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
 12 / 31 / 2021
Transaction ID : 11172777
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Roth, Alan, I, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 318 Mockingbird Valley Rd
 City Louisville State KY Zip Code 40207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Healthcare Initiatives 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
 12 / 31 / 2021
Transaction ID : 11172778
 Amount of Each Receipt this Period
 200.00
 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 466 OF 551
	<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. Whalen, John, Thomas, , MD, FAAOS

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

Mailing Address 64 Brookside Dr

City East Schodack	State NY	Zip Code 12063
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Ortho NY	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
12		31		2021

Transaction ID : 11172783

Amount of Each Receipt this Period
500.00

Memo Item

B. Hoellrich, Rudolf, , , MD,FAAOS

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

Mailing Address 84553 Pheasant Ln

City Pleasant Hill	State OR	Zip Code 97455
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Slocum 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
12		31		2021

Transaction ID : 11172784

Amount of Each Receipt this Period
250.00

Memo Item

C. Lechner, Jonathan, D, , MD,FAAOS

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

Mailing Address 240 Temple Street
Apt 601

City Fredonia	State NY	Zip Code 14063
------------------	-------------	-------------------

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

Name of Employer (for Individual) Bradford Regional Med 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
12		31		2021

Transaction ID : 11172786

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 467 OF 551
	<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. Mess, Charles, Francis, , Jr, MD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19300 Pyrite Lane

City Brookeville	State MD	Zip Code 20833
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Potomac Valley 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
12		31		2021

Transaction ID : 11172787

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1109 Osprey Falls Circle

City Billings	State MT	Zip Code 59106
------------------	-------------	-------------------

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

Name of Employer (for Individual) SCL Health	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
12		31		2021

Transaction ID : 11172789

Amount of Each Receipt this Period
1000.00

Memo Item

C. Elliott, James, S, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3616 Timberline Dr

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

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

Name of Employer (for Individual) OrthoMontana	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
12		31		2021

Transaction ID : 11172790

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 468 OF 551
	<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. Klepps, Steve, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1466 Shade Tree Cir
 City Billings State MT Zip Code 59102-7964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 31 / 2021**
Transaction ID : 11172791
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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
 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 **07 / 09 / 2021**
Transaction ID : 11239324
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$1000.00

C. Gibson, Brett, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2046 Pheasant 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 Orthopaedic Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **08 / 28 / 2021**
Transaction ID : 11239325
 Amount of Each Receipt this Period 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.00

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: PAGE 469 OF 551
(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. 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
-------------------	-------------	------------------------

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 ▼
0.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2021

Transaction ID : 11239326

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$300.00 This changes the YTD Total to \$0.00

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 ▼
750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2021

Transaction ID : 11239327

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$750.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	438839.09

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 470 OF 551
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

A. Price For Congress

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

Mailing Address P.O. Box 425

City Roswell	State GA	Zip Code 30077
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00386755

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	08	/	2021

Transaction ID : 11162935

Amount of Each Receipt this Period
2000.00

Memo Item

B.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

**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 Y Y
07 / 06 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10980810

Amount of Each Disbursement this Period

[REDACTED] 147.08

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
07 / 15 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : 10987816

Amount of Each Disbursement this Period

[REDACTED] 122.11

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
08 / 03 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : 11082187

Amount of Each Disbursement this Period

[REDACTED] 228.52

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 497.71

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	Y
0	7			0	6			2	0	2	1		

FEC Identification Number

C [REDACTED]

Transaction ID : 11082188

Amount of Each Disbursement this Period

[REDACTED] 87.89

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	Y
0	7			1	2			2	0	2	1		

FEC Identification Number

C [REDACTED]

Transaction ID : 11082189

Amount of Each Disbursement this Period

[REDACTED] 122.06

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	Y
0	7			1	9			2	0	2	1		

FEC Identification Number

C [REDACTED]

Transaction ID : 11082190

Amount of Each Disbursement this Period

[REDACTED] 91.87

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 301.82

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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 Y
07	/	26	/	2021

FEC Identification Number

C [REDACTED]

Transaction ID : 11082191

Amount of Each Disbursement this Period

[REDACTED] 741.64

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 Y
07	/	29	/	2021

FEC Identification Number

C [REDACTED]

Transaction ID : 11082192

Amount of Each Disbursement this Period

[REDACTED] 164.40

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 Y
08	/	16	/	2021

FEC Identification Number

C [REDACTED]

Transaction ID : 11090310

Amount of Each Disbursement this Period

[REDACTED] 129.56

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 1035.60

[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	9		0	3		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 11097581

Amount of Each Disbursement this Period

[REDACTED] 226.93

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	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 11101661

Amount of Each Disbursement this Period

[REDACTED] 435.49

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	8		1	6		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 11101662

Amount of Each Disbursement this Period

[REDACTED] 632.35

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 1294.77

[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	8		2	3		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 11101663

Amount of Each Disbursement this Period

[REDACTED] 286.46

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	8		3	0		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 11101664

Amount of Each Disbursement this Period

[REDACTED] 273.98

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	9		1	5		2	0	2	1

FEC Identification Number

C [REDACTED]

Transaction ID : 11111786

Amount of Each Disbursement this Period

[REDACTED] 133.77

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 694.21

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
10			04			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 11119510

Amount of Each Disbursement this Period

[REDACTED] 1268.23

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
09			07			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 11119579

Amount of Each Disbursement this Period

[REDACTED] 373.27

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
09			13			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 11119580

Amount of Each Disbursement this Period

[REDACTED] 142.62

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 1784.12

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	Y
0	9				2	0		2	0	2	1		

FEC Identification Number

C [REDACTED]

Transaction ID : 11119581

Amount of Each Disbursement this Period

[REDACTED] 216.99

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	Y
0	9				2	7		2	0	2	1		

FEC Identification Number

C [REDACTED]

Transaction ID : 11119582

Amount of Each Disbursement this Period

[REDACTED] 190.02

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	Y
	1	0			1	5		2	0	2	1		

FEC Identification Number

C [REDACTED]

Transaction ID : 11139387

Amount of Each Disbursement this Period

[REDACTED] 117.55

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 524.56

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
10			04			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 11147247

Amount of Each Disbursement this Period

[REDACTED] 290.86

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	/	D	D	/	Y	Y	Y	Y
10			11			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 11147249

Amount of Each Disbursement this Period

[REDACTED] 296.81

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
10			18			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 11147250

Amount of Each Disbursement this Period

[REDACTED] 237.56

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 825.23

[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
10			25			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 11147252

Amount of Each Disbursement this Period

[REDACTED] 161.13

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
11			03			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 11147445

Amount of Each Disbursement this Period

[REDACTED] 223.70

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
11			15			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 11153417

Amount of Each Disbursement this Period

[REDACTED] 121.59

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 506.42

[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
12			03			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 11160420

Amount of Each Disbursement this Period

[REDACTED] 165.85

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
11			01			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 11161717

Amount of Each Disbursement this Period

[REDACTED] 364.10

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
11			08			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 11161718

Amount of Each Disbursement this Period

[REDACTED] 332.81

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 862.76

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
11			15			2021					

FEC Identification Number

C [REDACTED]

Transaction ID : 11161719

Amount of Each Disbursement this Period

[REDACTED] 220.49

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
11			22			2021					

FEC Identification Number

C [REDACTED]

Transaction ID : 11161720

Amount of Each Disbursement this Period

[REDACTED] 167.17

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
11			29			2021					

FEC Identification Number

C [REDACTED]

Transaction ID : 11161721

Amount of Each Disbursement this Period

[REDACTED] 299.64

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 687.30

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
12			15			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 11165090

Amount of Each Disbursement this Period

[REDACTED] 125.93

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	/	D	D	/	Y	Y	Y	Y
12			06			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 11173899

Amount of Each Disbursement this Period

[REDACTED] 665.25

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
12			13			2021			

FEC Identification Number

C [REDACTED]

Transaction ID : 11173904

Amount of Each Disbursement this Period

[REDACTED] 707.25

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 1498.43

[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

C
001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		20		2021

FEC Identification Number

C

Transaction ID : 11173905

Amount of Each Disbursement this Period

559.70

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

C
001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		27		2021

FEC Identification Number

C

Transaction ID : 11173906

Amount of Each Disbursement this Period

518.49

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

C
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1078.19

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

11591.12

**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. Matsui For Congress

Mailing Address PO Box 1738

City
Sacramento

State
CA

Zip Code
95812

Purpose of Disbursement

011

Category/
Type

Candidate Name

Matsui, Doris, , ,

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	Y
0	7				2	8				2	0	2	1

FEC Identification Number

C C00409219

Transaction ID : 11077751

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens For Boyle

Mailing Address PO Box 14310

City
Philadelphia

State
PA

Zip Code
19115

Purpose of Disbursement

011

Category/
Type

Candidate Name

Boyle, Brendan, F., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: PA District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	8				2	0	2	1

FEC Identification Number

C C00543363

Transaction ID : 11077753

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Josh Gottheimer For Congress

Mailing Address PO Box 584

City
Ridgewood

State
NJ

Zip Code
07451

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gottheimer, Joshua, S., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	8				2	0	2	1

FEC Identification Number

C C00573949

Transaction ID : 11077754

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. Pascrell For Congress

Mailing Address PO Box 100

City
Teaneck

State
NJ

Zip Code
07666

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pascrell, William, J., Rep., Jr.

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: NJ

District: 09

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2021

FEC Identification Number

C C00313510

Transaction ID : 11077755

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
07 / 28 / 2021

FEC Identification Number

C C00513077

Transaction ID : 11077756

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address PO Box 184

City
La Crosse

State
WI

Zip Code
54602

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kind, Ron, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: WI

District: 03

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2021

FEC Identification Number

C C00312017

Transaction ID : 11077757

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

A. Kathleen Rice For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 744

City Mineola State NY Zip Code 11501

Purpose of Disbursement 011 Category/Type

Candidate Name
Rice, Kathleen, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: NY District: 04

Date of Disbursement: 07 / 28 / 2021

FEC Identification Number: C00555813
Transaction ID : 11077758
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Building America's Republican Representation (BARR PAC)

Full Name (Last, First, Middle Initial)
Mailing Address 402 S Capitol St, SE

City Washington State DC Zip Code 20002

Purpose of Disbursement Barr LPAC 011 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 28 / 2021

FEC Identification Number: C00572271
Transaction ID : 11077759
Amount of Each Disbursement this Period: 5000.00
Barr LPAC

Memo Item

C. Dr John Joyce For Congress

Full Name (Last, First, Middle Initial)
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., MD

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: PA District: 13

Date of Disbursement: 07 / 28 / 2021

FEC Identification Number: C00674259
Transaction ID : 11077760
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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2021

Mailing Address 641 2nd St

FEC Identification Number

C	C00693663
---	-----------

City
Hull

State
IA

Zip Code
51239

Transaction ID : 11077761

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Feenstra, Randall, L., Rep.,

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2022

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IA

District: 04

Memo Item

Full Name (Last, First, Middle Initial)

B. Walorski For Congress Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2021

Mailing Address PO Box 954

FEC Identification Number

C	C00468579
---	-----------

City
Mishawaka

State
IN

Zip Code
46546

Transaction ID : 11077762

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Walorski, Jackie, Swihart, Rep.,

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2022

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IN

District: 02

Memo Item

Full Name (Last, First, Middle Initial)

C. Lisa Blunt Rochester For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2021

Mailing Address PO Box 9767

FEC Identification Number

C	C00590778
---	-----------

City
Wilmington

State
DE

Zip Code
19809

Transaction ID : 11077763

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Blunt Rochester, Lisa, , Rep.,

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2022

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: DE

District: 00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

6000.00

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. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement

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
MM / DD / YYYY
07 / 28 / 2021

FEC Identification Number
C C00446906
Transaction ID : 11077764
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Robin Kelly For Congress

Mailing Address P.O. Box 3411

City Chicago State IL Zip Code 60654

Purpose of Disbursement

Category/Type

Candidate Name
Kelly, Robin, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: IL District: 02

Date of Disbursement
MM / DD / YYYY
07 / 28 / 2021

FEC Identification Number
C C00539866
Transaction ID : 11077765
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. John Carter For Congress

Mailing Address 200 Univ. Oaks Blvd, Ste 225 #130

City Round Rock State TX Zip Code 78665

Purpose of Disbursement

Category/Type

Candidate Name
Carter, John, R., Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: TX District: 31

Date of Disbursement
MM / DD / YYYY
07 / 28 / 2021

FEC Identification Number
C C00371203
Transaction ID : 11077766
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. Gallego For Arizona

Mailing Address PO Box 1710

City Phoenix State AZ Zip Code 85001

Purpose of Disbursement

Category/
Type

Candidate Name
Gallego, Ruben, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: AZ District: 07

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11077767

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Cartwright For Congress

Mailing Address PO Box 414

City Scranton State PA Zip Code 18501

Purpose of Disbursement

Category/
Type

Candidate Name
Cartwright, Matt, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: PA District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11077768

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Cole For Congress

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement

Category/
Type

Candidate Name
Cole, Thomas, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: OK District: 04

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11077769

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. Diana Degette For Congress

Mailing Address P.O. Box 61337

City: Denver State: CO Zip Code: 80206

Purpose of Disbursement

011

Category/Type

Candidate Name

DeGette, Diana, , Rep.,

Office Sought: House Senate President
State: CO District: 01

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2021

FEC Identification Number

C C00311639

Transaction ID : 11077770

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Peter Meijer For Congress

Mailing Address P.O. Box 68554

City: Grand Rapids State: MI Zip Code: 49516

Purpose of Disbursement

011

Category/Type

Candidate Name

Meijer, Peter, James, Rep.,

Office Sought: House Senate President
State: MI District: 03

Disbursement For: 2022
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2021

FEC Identification Number

C C00710962

Transaction ID : 11077771

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. David Rouzer For Congress

Mailing Address PO Box 3142

City: Wilmington State: NC Zip Code: 28406

Purpose of Disbursement

011

Category/Type

Candidate Name

Rouzer, David, C., Rep.,

Office Sought: House Senate President
State: NC District: 07

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2021

FEC Identification Number

C C00501643

Transaction ID : 11077772

Amount of Each Disbursement this Period

3500.00

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. Walberg For Congress

Mailing Address PO Box 1362

City
Jackson

State
MI

Zip Code
49204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walberg, Tim, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2021

FEC Identification Number

C C00390724

Transaction ID : 11077776

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jim Banks For Congress, Inc.

Mailing Address PO Box 11431

City
Fort Wayne

State
IN

Zip Code
46858

Purpose of Disbursement

011

Category/
Type

Candidate Name

Banks, James, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: IN District: 03

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2021

FEC Identification Number

C C00577999

Transaction ID : 11077777

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Free State PAC

Mailing Address PO Box 2712
Suite 115

City
Topeka

State
KS

Zip Code
66601

Purpose of Disbursement
Moran 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
07 / 28 / 2021

FEC Identification Number

C C00455717

Transaction ID : 11077782

Amount of Each Disbursement this Period

5000.00

Moran LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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. DOCS PAC

Mailing Address PO Box 26141

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Marshall 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 : 11077783

Amount of Each Disbursement this Period

Marshall LPAC

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

Category/
Type

Candidate Name

Bera, Ami, , Rep., MD

Office Sought: House Senate President
State: CA District: 07

Disbursement For: 2022 Primary General Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11093537

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Alamo PAC

Mailing Address 816 Congress Ave, Suite 960
Frost Bank Plaza

City Austin State TX Zip Code 78701

Purpose of Disbursement
Cornyn 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 : 11093541

Amount of Each Disbursement this Period

Cornyn 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. 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 M	/	D D D	/	Y Y Y Y Y
08	/	25	/	2021

FEC Identification Number

C C00372532

Transaction ID : 11093543

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Barragan For Congress

Mailing Address 1840 South Gaffey Street #421

City
San Pedro

State
CA

Zip Code
90731

Purpose of Disbursement

011

Category/
Type

Candidate Name

Barragan, Nanette, Diaz, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: CA District: 44

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2021

FEC Identification Number

C C00577353

Transaction ID : 11107426

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City
Flint

State
MI

Zip Code
48501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kildee, Dan, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	15	/	2021

FEC Identification Number

C C00499947

Transaction ID : 11107427

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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. Susan Wild For Congress

Mailing Address 1636 N Cedar Crest Blvd
#183

City Allentown State PA Zip Code 18104

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wild, Susan, Ellis, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2021

FEC Identification Number

C00658567

Transaction ID : 11107428

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pete Sessions For Congress

Mailing Address 1512 Lake Air Dr
Ste 117

City Waco State TX Zip Code 76710

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sessions, Peter, Anderson, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: TX District: 17

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2021

FEC Identification Number

C00303305

Transaction ID : 11107429

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

MM / DD / YYYY
09 / 15 / 2021

FEC Identification Number

C00461061

Transaction ID : 11107430

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

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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. Re-Joyce PAC

Mailing Address 824 S Millidge Avenue
Suite 101

City Athens State GA Zip Code 30605

Purpose of Disbursement
Joyce 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 : 11107431
Amount of Each Disbursement this Period

Joyce LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Fitzpatrick for Congress

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement

Category/
Type

Candidate Name
Fitzpatrick, Michael, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify)
State: PA District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11107432
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Mike Lee Inc

Mailing Address PO Box 1537

City Salt Lake City State UT Zip Code 84110

Purpose of Disbursement

Category/
Type

Candidate Name
Lee, Mike, , Sen.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: UT District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11107433
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. Texans For Ronny Jackson

Mailing Address PO Box 53058

City
Amarillo

State
TX

Zip Code
79159

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jackson, Ronny, Lynn, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TX District: 13

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2021

FEC Identification Number

C C00730531

Transaction ID : 11107436

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Fitzpatrick for Congress

Mailing Address PO Box 185

City
Langhorne

State
PA

Zip Code
19047

Purpose of Disbursement

011

Category/
Type

Candidate Name

Fitzpatrick, Michael, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: PA District: 08

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2021

FEC Identification Number

C C00404236

Transaction ID : 11107438

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Moran For Kansas

Mailing Address PO Box 541

City
Belleville

State
KS

Zip Code
66935

Purpose of Disbursement

011

Category/
Type

Candidate Name

Moran, Jerry, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2021

FEC Identification Number

C C00458315

Transaction ID : 11107443

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. Jacobs For Congress

Mailing Address PO Box 387

City
Clarence

State
NY

Zip Code
14031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jacobs, Christopher, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 15 / 2021

FEC Identification Number

C C00706788

Transaction ID : 11107445

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Emmer For Congress

Mailing Address PO Box 998

City
Anoka

State
MN

Zip Code
55303

Purpose of Disbursement

011

Category/
Type

Candidate Name

Emmer, Tom, Earl, Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: MN District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 24 / 2021

FEC Identification Number

C C00545749

Transaction ID : 11113292

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

M M / D D / Y Y Y Y Y Y
09 / 24 / 2021

FEC Identification Number

C C00607838

Transaction ID : 11113293

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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. Carol For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2021

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

FEC Identification Number

C C00653220

Transaction ID : 11113295

Amount of Each Disbursement this Period

2500.00

Memo Item

Purpose of Disbursement

011
Category/
Type

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. Kurt Schrader For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2021

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

FEC Identification Number

C C00446906

Transaction ID : 11113296

Amount of Each Disbursement this Period

1500.00

Memo Item

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

Full Name (Last, First, Middle Initial)

C. Kurt Schrader For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2021

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

FEC Identification Number

C C00446906

Transaction ID : 11113297

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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. Wenstrup For Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wenstrup, Brad, , Rep.,

Office Sought: House Senate President
State: OH District: 02

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2021

FEC Identification Number

C C00497818

Transaction ID : 11113298

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
State: NY District: 03

Disbursement For: 2022
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2021

FEC Identification Number

C C00607200

Transaction ID : 11113299

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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., MD

Office Sought: House Senate President
State: WA District: 08

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2021

FEC Identification Number

C C00652628

Transaction ID : 11113300

Amount of Each Disbursement this Period

4000.00

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. 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
09 / 24 / 2021

FEC Identification Number

C C00468256

Transaction ID : 11113301

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Continuing America's Strength and Security

Mailing Address 1006 Pendleton Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Cassidy 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
09 / 24 / 2021

FEC Identification Number

C C00480228

Transaction ID : 11113304

Amount of Each Disbursement this Period

2500.00

Cassidy LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. MURPHPAC

Mailing Address 415 New Jersey Ave SE, Ste 1

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Murphy 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
09 / 24 / 2021

FEC Identification Number

C C00459925

Transaction ID : 11113309

Amount of Each Disbursement this Period

2500.00

Murphy LPAC

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. Himes For Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement

011
Category/
Type

Candidate Name

Himes, Jim, A., Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: CT District: 04

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2021

FEC Identification Number

C C00434191

Transaction ID : 11113314

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement

011
Category/
Type

Candidate Name

Barrasso, John, A., Sen., MD

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify)

State: WY District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2021

FEC Identification Number

C C00436386

Transaction ID : 11113316

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: LA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2021

FEC Identification Number

C C00766428

Transaction ID : 11113327

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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. Mike Johnson For Louisiana

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2021

Mailing Address 2900 Clearview Pkwy
Suite 206

City Metairie State LA Zip Code 70006

FEC Identification Number

C	C00608695
---	-----------

Transaction ID : 11113329

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Johnson, Mike, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: LA District: 04

Memo Item

Full Name (Last, First, Middle Initial)

B. Garret Graves For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2021

Mailing Address PO Box 64845

City Baton Rouge State LA Zip Code 70896

FEC Identification Number

C	C00558486
---	-----------

Transaction ID : 11113331

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Graves, Garret, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: LA District: 06

Memo Item

Full Name (Last, First, Middle Initial)

C. Lori Trahan For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2021

Mailing Address PO Box 1161

City Lowell State MA Zip Code 01853

FEC Identification Number

C	C00655647
---	-----------

Transaction ID : 11113334

Amount of Each Disbursement this Period

2500.00

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

Memo Item

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. Kuster For Congress, Inc

Mailing Address PO Box 1498

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

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2021

FEC Identification Number

C C00462861

Transaction ID : 11113354

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Kelly For Congress

Mailing Address PO Box 476

City
Lyndora

State
PA

Zip Code
16045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kelly, Mike, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: PA

District: 16

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2021

FEC Identification Number

C C00474189

Transaction ID : 11113368

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Fitzpatrick for Congress

Mailing Address PO Box 185

City
Langhorne

State
PA

Zip Code
19047

Purpose of Disbursement

011

Category/
Type

Candidate Name

Fitzpatrick, Michael, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: PA

District: 08

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2021

FEC Identification Number

C C00404236

Transaction ID : 11113370

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. Fitzpatrick for Congress

Mailing Address PO Box 185

City
Langhorne

State
PA

Zip Code
19047

Purpose of Disbursement

011

Category/
Type

Candidate Name

Fitzpatrick, Michael, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2021

FEC Identification Number

C C00404236

Transaction ID : 11113371

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Armstrong For Congress

Mailing Address 1515 Burnt Boat Drive
Box 112

City
Bismarck

State
ND

Zip Code
58503

Purpose of Disbursement

011

Category/
Type

Candidate Name

Armstrong, Kelly, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: ND District: 00

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2021

FEC Identification Number

C C00670547

Transaction ID : 11113373

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

MM / DD / YYYY
09 / 24 / 2021

FEC Identification Number

C C00372532

Transaction ID : 11113374

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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. Schneider For Congress

Mailing Address PO Box 1318

City
Deerfield

State
IL

Zip Code
60015

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schneider, Bradley, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2021

FEC Identification Number

C C00495952

Transaction ID : 11113378

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tony Cardenas For Congress

Mailing Address PO Box 15320

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cardenas, Tony, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2021

FEC Identification Number

C C00498873

Transaction ID : 11113380

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bennet For Colorado

Mailing Address PO Box 3078

City
Denver

State
CO

Zip Code
80201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bennet, Michael, F., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2021

FEC Identification Number

C C00458398

Transaction ID : 11113381

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

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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. Friends Of McCormick

Mailing Address PO Box 134

City Suwanee State GA Zip Code 30024

Purpose of Disbursement

011

Category/
Type

Candidate Name

McCormick, Richard, , ,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: GA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2021

FEC Identification Number

C C00706747

Transaction ID : 11113383

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Texans For Jodey Arrington

Mailing Address PO Box 6687

City Lubbock State TX Zip Code 79493

Purpose of Disbursement

011

Category/
Type

Candidate Name

Arrington, Jodey, Cook, Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify)

State: TX District: 19

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2021

FEC Identification Number

C C00588657

Transaction ID : 11113384

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Doing Right - Results, Action, Unity, Leadership PAC

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement
Ruiz 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
09 / 24 / 2021

FEC Identification Number

C C00569871

Transaction ID : 11113385

Amount of Each Disbursement this Period

2500.00

Ruiz LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

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

MM / DD / YYYY
09 / 24 / 2021

FEC Identification Number

C C00476317

Transaction ID : 11113386

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Giddy Up PAC

Mailing Address 3858 Walnut Street

City
Denver

State
CO

Zip Code
80205

Purpose of Disbursement
Hickenlooper 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
09 / 24 / 2021

FEC Identification Number

C C00687582

Transaction ID : 11113388

Amount of Each Disbursement this Period

2500.00

Hickenlooper LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
09 / 24 / 2021

FEC Identification Number

C C00588772

Transaction ID : 11113949

Amount of Each Disbursement this Period

1500.00

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. 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
09 / 24 / 2021

FEC Identification Number

C C00588772

Transaction ID : 11113950

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
09 / 24 / 2021

FEC Identification Number

C C00588772

Transaction ID : 11114047

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Blake Moore For Congress

Mailing Address 370 East South Temple Ste 580

City Salt Lake City State UT Zip Code 84111

Purpose of Disbursement

011

Category/
Type

Candidate Name

Moore, Blake, David, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: UT District: 01

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2021

FEC Identification Number

C C00738872

Transaction ID : 11117972

Amount of Each Disbursement this Period

1500.00

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. Friends Of Dave Joyce

Mailing Address 9856 Archer Ln

City
Dublin

State
OH

Zip Code
43017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joyce, Dave, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2021			

FEC Identification Number

C C00527457

Transaction ID : 11117973

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Dusty Johnson

Mailing Address PO Box 278

City
Mitchell

State
SD

Zip Code
57301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Johnson, Dustin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: SD District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2021			

FEC Identification Number

C C00628917

Transaction ID : 11117974

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Garbarino For Congress

Mailing Address PO Box 101

City
Bayport

State
NY

Zip Code
11705

Purpose of Disbursement

011

Category/
Type

Candidate Name

Garbarino, Andrew, R., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2021			

FEC Identification Number

C C00729954

Transaction ID : 11117975

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).....▶

**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. Jaime For Congress

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement

Category/
Type

Candidate Name

Herrera-Beutler, Jaime, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: WA District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11117977

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Nevadans For Steven Horsford

Mailing Address PO Box 336664

City North Las Vegas State NV Zip Code 89033

Purpose of Disbursement

Category/
Type

Candidate Name

Horsford, Steven, Alexander, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify)

State: NV District: 04

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11117978

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Peter Meijer For Congress

Mailing Address P.O. Box 68554

City Grand Rapids State MI Zip Code 49516

Purpose of Disbursement

Category/
Type

Candidate Name

Meijer, Peter, James, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: MI District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11117979

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. Katko For Congress

Mailing Address 228 S Washington St
Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Category/
Type

Candidate Name

Katko, John, , Rep.,

Office Sought: House Senate President
State: NY District: 24

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11117980

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Elaine For Congress

Mailing Address PO Box 66191

City Virginia Beach State VA Zip Code 23466

Purpose of Disbursement

Category/
Type

Candidate Name

Luria, Elaine, G., Rep.,

Office Sought: House Senate President
State: VA District: 02

Disbursement For: 2022
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11117981

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Salazar For Congress

Mailing Address 47 Flintlock Drive
P.O. Box 677

City Shirley State NY Zip Code 11967

Purpose of Disbursement

Category/
Type

Candidate Name

Salazar, Maria, Elvira, Rep.,

Office Sought: House Senate President
State: FL District: 27

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11117982

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)

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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. Meuser For Congress

Mailing Address PO Box 183

City Hudson

State WI

Zip Code 54016

Purpose of Disbursement

011

Category/Type

Candidate Name

Meuser, Daniel, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2021			

FEC Identification Number

C C00654723

Transaction ID : 11117983

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Gallagher For Wisconsin

Mailing Address PO Box 1027

City Green Bay

State WI

Zip Code 54305

Purpose of Disbursement

011

Category/Type

Candidate Name

Gallagher, Michael, John, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2021			

FEC Identification Number

C C00610212

Transaction ID : 11117984

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tom O'Halleran For Congress

Mailing Address PO Box 63992

City Phoenix

State AZ

Zip Code 85082

Purpose of Disbursement

011

Category/Type

Candidate Name

O'Halleran, Tom, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2021			

FEC Identification Number

C C00582890

Transaction ID : 11117985

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)..... ▶

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. Darren Soto For Congress

Mailing Address PO Box 421349

City Kissimmee State FL Zip Code 34742

Purpose of Disbursement

Category/
Type

Candidate Name

Soto, Darren, Michael, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: FL District: 09

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11117986

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Spanberger For Congress

Mailing Address PO Box 3121

City Glen Allen State VA Zip Code 23058

Purpose of Disbursement

Category/
Type

Candidate Name

Spanberger, Abigail, A., Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: VA District: 07

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11117987

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Pete Stauber For Congress

Mailing Address 23 W Central Entrance
Pmb #333

City Duluth State MN Zip Code 55811

Purpose of Disbursement

Category/
Type

Candidate Name

Stauber, Pete, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: MN District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11117988

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. Steil For Wisconsin, Inc.

Mailing Address 1818 Milton Ave
1448

City Janesville State WI Zip Code 53545

Purpose of Disbursement

Category/
Type

Candidate Name

Steil, Bryan, George, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: WI District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11117989

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Suozzi For Congress

Mailing Address PO Box 669

City Glen Cove State NY Zip Code 11542

Purpose of Disbursement

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

/ /

FEC Identification Number

Transaction ID : 11117990

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Susie Lee For Congress

Mailing Address 5130 S Fort Apache Rd
Ste 215-382

City Las Vegas State NV Zip Code 89148

Purpose of Disbursement

Category/
Type

Candidate Name

Lee, Susie, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NV District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11117991

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. Valadao For Congress

Mailing Address 5132 North Palm Avenue
#227

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

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2021

FEC Identification Number

C C00499392

Transaction ID : 11117993

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Van Taylor Campaign

Mailing Address 1900 Preston Road #267 - Pmb 229

City Plano State TX Zip Code 75093

Purpose of Disbursement

011

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

MM / DD / YYYY
10 / 01 / 2021

FEC Identification Number

C C00653634

Transaction ID : 11117995

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

MM / DD / YYYY
10 / 01 / 2021

FEC Identification Number

C C00660464

Transaction ID : 11117996

Amount of Each Disbursement this Period

1500.00

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. Victoria Spartz For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2021

Mailing Address PO Box 505

FEC Identification Number

C	C00737767
---	-----------

City Noblesville State IN Zip Code 46061

Transaction ID : 11122404

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

3500.00

Candidate Name

Spartz, Victoria, Kulheyko, Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: IN District: 05

Memo Item

Full Name (Last, First, Middle Initial)

B. Case For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2021

Mailing Address PO Box 2941

FEC Identification Number

C	C00680918
---	-----------

City Honolulu State HI Zip Code 96802

Transaction ID : 11122858

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Case, Edward, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: HI District: 01

Memo Item

Full Name (Last, First, Middle Initial)

C. Cindy Axne For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2021

Mailing Address PO Box 65551

FEC Identification Number

C	C00646844
---	-----------

City West Des Moines State IA Zip Code 50265

Transaction ID : 11122859

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Axne, Cindy, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: IA District: 03

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

Category/
Type

Candidate Name
Buchanan, Vern, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General Other (specify) ▼
State: FL District: 16

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11122860

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Emmer For Congress

Mailing Address PO Box 998

City Anoka State MN Zip Code 55303

Purpose of Disbursement

Category/
Type

Candidate Name
Emmer, Tom, Earl, Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2022
 Primary General Other (specify) ▼
State: MN District: 06

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11122862

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Bill Posey

Mailing Address P. O. Box 411486

City Melbourne State FL Zip Code 32941

Purpose of Disbursement

Category/
Type

Candidate Name
Posey, Bill, , ,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General Other (specify) ▼
State: FL District: 04

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11122863

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. Scalise For Congress

Mailing Address PO Box 23219

City
Jefferson

State
LA

Zip Code
70183

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scalise, Steve, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2021

FEC Identification Number

C00394957

Transaction ID : 11122864

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jimmy Gomez For Congress

Mailing Address 777 S Figueroa St Suite 4050

City
Los Angeles

State
CA

Zip Code
90017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gomez, Jimmy, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: CA District: 34

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2021

FEC Identification Number

C00629659

Transaction ID : 11122865

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

MM / DD / YYYY
10 / 11 / 2021

FEC Identification Number

C00502575

Transaction ID : 11122866

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. Judy Chu For Congress

Mailing Address 16633 Ventura Blvd # 1008

City Encino State CA Zip Code 91436

Purpose of Disbursement

Category/
Type

Candidate Name

Chu, Judy, , Rep.,

Office Sought: House Senate President
State: CA District: 27

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11122867

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Ann Wagner For Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement

Category/
Type

Candidate Name

Wagner, Ann, , Rep.,

Office Sought: House Senate President
State: MO District: 02

Disbursement For: 2022
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11122868

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Fitzpatrick for Congress

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement
Void - Fitzpatrick for Congress

Category/
Type

Candidate Name

Fitzpatrick, Michael, , ,

Office Sought: House Senate President
State: PA District: 08

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11139964

Amount of Each Disbursement this Period

Void - Fitzpatrick for Congress

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. Fitzpatrick for Congress

Mailing Address PO Box 185

City
Langhorne

State
PA

Zip Code
19047

Purpose of Disbursement
Void - Fitzpatrick for Congress

011

Category/
Type

Candidate Name

Fitzpatrick, Michael, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2021

FEC Identification Number

C00404236

Transaction ID : 11139966

Amount of Each Disbursement this Period

- 2000.00

Void - Fitzpatrick for Congress

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
10 / 22 / 2021

FEC Identification Number

C00459099

Transaction ID : 11141680

Amount of Each Disbursement this Period

4000.00

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
10 / 22 / 2021

FEC Identification Number

C00459099

Transaction ID : 11141682

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. Blumenauer For Congress

Mailing Address 901 Se Oak Street
Suite 105

City Portland State OR Zip Code 97214

Purpose of Disbursement

011

Category/
Type

Candidate Name

Blumenauer, Earl, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2021

FEC Identification Number

C C00307314

Transaction ID : 11141683

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Roe LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2021

FEC Identification Number

C C00528414

Transaction ID : 11141684

Amount of Each Disbursement this Period

5000.00

Roe LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Terri Sewell For Congress

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sewell, Terri, A., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2021

FEC Identification Number

C C00458976

Transaction ID : 11141685

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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 Todd Young, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2021

Mailing Address PO Box 3743

FEC Identification Number

C C00459255

City Carmel State IN Zip Code 46082

Transaction ID : 11141686

Purpose of Disbursement

011
Category/
Type

Amount of Each Disbursement this Period

1500.00

Candidate Name

Young, Todd, Christopher, Sen.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: IN District: 01

Memo Item

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2021

Mailing Address PO Box 261172

FEC Identification Number

C C00330142

City Hartford State CT Zip Code 06126

Transaction ID : 11141687

Purpose of Disbursement

011
Category/
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Larson, John, B., Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: CT District: 01

Memo Item

Full Name (Last, First, Middle Initial)

C. Curtis For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2021

Mailing Address 370 East South Temple, Suite 580

FEC Identification Number

C C00647339

City Salt Lake City State UT Zip Code 84111

Transaction ID : 11141688

Purpose of Disbursement

011
Category/
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Curtis, John, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: UT District: 03

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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. Lisa Murkowski For Us Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement

011

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
10 / 22 / 2021

FEC Identification Number

C C00384529

Transaction ID : 11141689

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lisa Murkowski For Us Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement

011

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
10 / 22 / 2021

FEC Identification Number

C C00384529

Transaction ID : 11141690

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Cole For Congress

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cole, Thomas, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2021

FEC Identification Number

C C00379735

Transaction ID : 11141691

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. Jimmy Panetta For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	09	/	2021

Mailing Address PO Box 103

FEC Identification Number

C C00592154

City Carmel Valley State CA Zip Code 93924

Transaction ID : 11151956

Purpose of Disbursement

011
Category/
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Panetta, Jimmy, Varni, Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: CA District: 20

Memo Item

Full Name (Last, First, Middle Initial)

B. Nevadans For Steven Horsford

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	09	/	2021

Mailing Address PO Box 336664

FEC Identification Number

C C00668228

City North Las Vegas State NV Zip Code 89033

Transaction ID : 11151957

Purpose of Disbursement

011
Category/
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Horsford, Steven, Alexander, Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: NV District: 04

Memo Item

Full Name (Last, First, Middle Initial)

C. Kurt Schrader For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	09	/	2021

Mailing Address PO Box 3314

FEC Identification Number

C C00446906

City Oregon City State OR Zip Code 97045

Transaction ID : 11151958

Purpose of Disbursement

011
Category/
Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

Schrader, Kurt, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: OR District: 05

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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. Perlmutter For Congress

Mailing Address 3440 Youngfield Street
#264

City
Wheat Ridge

State
CO

Zip Code
80033

Purpose of Disbursement

011

Category/
Type

Candidate Name

Perlmutter, Edwin, , Rep.,

Office Sought: House
 Senate
 President
State: CO District: 07

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			09			2021					

FEC Identification Number

C C00410639

Transaction ID : 11151959

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Neal Dunn

Mailing Address PO Box 16088

City
Panama City

State
FL

Zip Code
32406

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dunn, Neal, , Rep., MD

Office Sought: House
 Senate
 President
State: FL District: 02

Disbursement For: 2022
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			09			2021					

FEC Identification Number

C C00582304

Transaction ID : 11151960

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Warnock For Georgia

Mailing Address PO Box 991

City
Decatur

State
GA

Zip Code
30031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Warnock, Raphael, Gamaliel, Sen.,

Office Sought: House
 Senate
 President
State: GA District:

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			09			2021					

FEC Identification Number

C C00736876

Transaction ID : 11151966

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)..... ▶

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. Jeffries For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	09	/	2021

Mailing Address 910 17th St Nw
Ste 925

City Washington State DC Zip Code 20006

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00503052
---	-----------

Transaction ID : 11151968

Amount of Each Disbursement this Period

1000.00

Memo Item

Candidate Name

Jeffries, Hakeem, , Rep.,

Office Sought: House
 Senate
 President
State: NY District: 08

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Johnson For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	09	/	2021

Mailing Address PO Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00476820
---	-----------

Transaction ID : 11151973

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

Johnson, Bill, , Rep.,

Office Sought: House
 Senate
 President
State: OH District: 06

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Kevin McCarthy For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	09	/	2021

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011
Category/ Type

FEC Identification Number

C	C00420935
---	-----------

Transaction ID : 11151974

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

McCarthy, Kevin, , Rep.,

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2022
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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. Majority Committee PAC--MC PAC

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
McCarthy 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 : 11151975
Amount of Each Disbursement this Period

Memo Item
McCarthy LPAC

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

Category/
Type

Candidate Name
Guthrie, Brett, , Rep.,

Office Sought: House Senate President
State: KY District: 02

Disbursement For: 2022 Primary General Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11151976
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mark Desaulnier For Congress

Mailing Address 910 17th Street, Nw
Suite 925

City Washington State DC Zip Code 20006

Purpose of Disbursement

Category/
Type

Candidate Name
DeSaulnier, Mark, , Rep.,

Office Sought: House Senate President
State: CA District: 11

Disbursement For: 2022 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11151977
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. Dr. Brian Babin For Congress

Mailing Address PO Box 159

City
Woodville

State
TX

Zip Code
75979

Purpose of Disbursement

011

Category/
Type

Candidate Name

Babin, Brian, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TX District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2021			

FEC Identification Number

C00553859

Transaction ID : 11151978

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pete Aguilar For Congress

Mailing Address PO Box 10954

City
San Bernardino

State
CA

Zip Code
92423

Purpose of Disbursement

011

Category/
Type

Candidate Name

Aguilar, Pete, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: CA District: 31

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2021			

FEC Identification Number

C00510461

Transaction ID : 11151979

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2021			

FEC Identification Number

C00607200

Transaction ID : 11151980

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. Drew Ferguson For Congress Inc.

Mailing Address PO Box 71067

City Newnan State GA Zip Code 30271

Purpose of Disbursement

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

/ /

FEC Identification Number

Transaction ID : 11151981

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 : 11151984

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Don Beyer

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Category/Type

Candidate Name

Beyer, Don, S., Rep., Jr.

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: VA District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11159052

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. 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

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

C C00575092

Transaction ID : 11159053

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

C C00575092

Transaction ID : 11159054

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Castor For Congress

Mailing Address 301 W Platt Street, #385

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement

011

Category/
Type

Candidate Name

Castor, Kathy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: FL District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

C C00410761

Transaction ID : 11159055

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. Maloney For Congress

Mailing Address 49 E. 92nd St, 1

City New York State NY Zip Code 10128

Purpose of Disbursement

Category/
Type

Candidate Name

Maloney, Carolyn, B., Rep.,

Office Sought: House Senate President
 Disbursement For: 2022
 Primary General
 Other (specify) ▼
 State: NY District: 12

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11159056

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Carol For Congress

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Category/
Type

Candidate Name

Miller, Carol, Devine, Rep.,

Office Sought: House Senate President
 Disbursement For: 2022
 Primary General
 Other (specify) ▼
 State: WV District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11159058

Amount of Each Disbursement this Period

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

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

/ /

FEC Identification Number

Transaction ID : 11159059

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:
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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. Texans For Ronny Jackson

Mailing Address PO Box 53058

City
Amarillo

State
TX

Zip Code
79159

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jackson, Ronny, Lynn, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TX District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			01			2021					

FEC Identification Number

C C00730531

Transaction ID : 11159060

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Joe Neguse For Congress

Mailing Address PO Box 7142

City
Boulder

State
CO

Zip Code
80306

Purpose of Disbursement

011

Category/
Type

Candidate Name

Neguse, Joseph, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CO District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			01			2021					

FEC Identification Number

C C00648253

Transaction ID : 11159061

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Greg Pence For Congress

Mailing Address PO Box 275

City
Taylorsville

State
IN

Zip Code
47280

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pence, Gregory, J., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			01			2021					

FEC Identification Number

C C00658401

Transaction ID : 11159062

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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. Josh Harder For Congress

Mailing Address PO Box 4426

City Modesto State CA Zip Code 95352

Purpose of Disbursement

Category/
Type

Candidate Name
Harder, Josh, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: CA District: 10

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11159063

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Jacobs For Congress

Mailing Address PO Box 387

City Clarence State NY Zip Code 14031

Purpose of Disbursement

Category/
Type

Candidate Name
Jacobs, Christopher, , ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NY District: 27

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11159064

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
Sasse 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 : 11159065

Amount of Each Disbursement this Period

Sasse 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:
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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. Dan Crenshaw For Congress

Mailing Address PO Box 430965

City
Houston

State
TX

Zip Code
77243

Purpose of Disbursement

011

Category/
Type

Candidate Name

Crenshaw, Daniel, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TX District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

C00660795

Transaction ID : 11159066

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Curtis For Congress

Mailing Address 370 East South Temple, Suite 580

City
Salt Lake City

State
UT

Zip Code
84111

Purpose of Disbursement

011

Category/
Type

Candidate Name

Curtis, John, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: UT District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

C00647339

Transaction ID : 11159067

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Larson For Congress

Mailing Address PO Box 261172

City
Hartford

State
CT

Zip Code
06126

Purpose of Disbursement

011

Category/
Type

Candidate Name

Larson, John, B., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

C00330142

Transaction ID : 11159068

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. French Hill For Arkansas

Mailing Address PO Box 7841

City
Little Rock

State
AR

Zip Code
72217

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hill, French, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

C C00551275

Transaction ID : 11159070

Amount of Each Disbursement this Period

1000.00

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

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

C C00445023

Transaction ID : 11159071

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lahood For Congress

Mailing Address P.O. Box 10735

City
Peoria

State
IL

Zip Code
61612

Purpose of Disbursement

011

Category/
Type

Candidate Name

LaHood, Darin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2021			

FEC Identification Number

C C00575050

Transaction ID : 11159073

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. Walorski For Congress Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2021

Mailing Address PO Box 954

FEC Identification Number

C C00468579

Transaction ID : 11159075

Amount of Each Disbursement this Period

1000.00

Memo Item

City Mishawaka State IN Zip Code 46546

Purpose of Disbursement

011
Category/
Type

Candidate Name

Walorski, Jackie, Swihart, Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼

State: IN District: 02

Full Name (Last, First, Middle Initial)

B. Andy Harris For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2021

Mailing Address PO Box 426

FEC Identification Number

C C00435974

Transaction ID : 11159076

Amount of Each Disbursement this Period

1000.00

Memo Item

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

Full Name (Last, First, Middle Initial)

C. TURQUOISE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2021

Mailing Address 611 Pennsylvania Avenue, SE #143

FEC Identification Number

C C00517235

Transaction ID : 11159078

Amount of Each Disbursement this Period

1000.00

Lujan LPAC

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement Lujan LPAC

011
Category/
Type

Candidate Name

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

**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. Jake Auchincloss For Congress

Mailing Address P.O. Box 600698

City Newtonville State MA Zip Code 02460

Purpose of Disbursement

Category/
Type

Candidate Name

Auchincloss, Jacob, Daniel, Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: MA District: 04

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11159079

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Crawford For Congress

Mailing Address PO Box 16956

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement

Category/
Type

Candidate Name

Crawford, Rick, A., Rep.,

Office Sought: House Senate President
 Disbursement For: 2022 Primary General Other (specify) ▼
 State: AR District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11159080

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. LEGPAC

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Cardin 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 : 11159081

Amount of Each Disbursement this Period

Cardin 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. Kathy Manning For Congress

Mailing Address PO Box 41197

City Greensboro State NC Zip Code 27404

Purpose of Disbursement

Category/
Type

Candidate Name

Manning, Kathy, Ellen, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: NC District: 06

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11159082

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Barragan For Congress

Mailing Address 1840 South Gaffey Street #421

City San Pedro State CA Zip Code 90731

Purpose of Disbursement

Category/
Type

Candidate Name

Barragan, Nanette, Diaz, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: CA District: 44

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11159083

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Crapo For Us Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement

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

/ /

FEC Identification Number

Transaction ID : 11159084

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. Doing Right - Results, Action, Unity, Leadership PAC

Mailing Address PO Box 3433

City: Palm Desert
State: CA
Zip Code: 92261

Purpose of Disbursement
Ruiz 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
12 / 01 / 2021

FEC Identification Number

C00569871

Transaction ID : 11159085

Amount of Each Disbursement this Period

2500.00

Ruiz LPAC

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, David, Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify)

State: NY District: 20

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2021

FEC Identification Number

C00450049

Transaction ID : 11159086

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
12 / 01 / 2021

FEC Identification Number

C00697649

Transaction ID : 11159087

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

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. Miller-Meeks For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2021

Mailing Address PO Box 33

FEC Identification Number

C	C00558825
---	-----------

City Ottumwa State IA Zip Code 52501

Transaction ID : 11159099

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Miller-Meeks, Mariannette, Jane, Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: IA District: 02

Memo Item

Full Name (Last, First, Middle Initial)

B. Debbie Lesko For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2021

Mailing Address PO Box 45388

FEC Identification Number

C	C00663914
---	-----------

City Phoenix State AZ Zip Code 85064

Transaction ID : 11159102

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Lesko, Debbie, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: AZ District: 08

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of John Barrasso

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2021

Mailing Address PO Box 52008

FEC Identification Number

C	C00436386
---	-----------

City Casper State WY Zip Code 82605

Transaction ID : 11159103

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Barrasso, John, A., Sen., MD

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: WY District:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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. People For Derek Kilmer

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement

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
12 / 01 / 2021

FEC Identification Number
C C00514893
Transaction ID : 11159104
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Continuing America's Strength and Security

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Cassidy LPAC

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
12 / 01 / 2021

FEC Identification Number
C C00480228
Transaction ID : 11159105
Amount of Each Disbursement this Period
2500.00
Cassidy LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Katherine Clark For Congress

Mailing Address PO Box 159

City Belmont State MA Zip Code 02478

Purpose of Disbursement

Category/
Type

Candidate Name
Clark, Katherine, M, Rep.,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General
 Other (specify) ▼
State: MA District: 05

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 01 / 2021

FEC Identification Number
C C00541888
Transaction ID : 11159106
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. Mullin For Congress

Mailing Address PO Box 3681

City Muskogee State OK Zip Code 74402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mullin, Markwayne, , Rep.,

Office Sought: House Senate President
State: OK District: 02

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2021

FEC Identification Number

C00498345

Transaction ID : 11159107

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kildee, Dan, , Rep.,

Office Sought: House Senate President
State: MI District: 05

Disbursement For: 2022
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2021

FEC Identification Number

C00499947

Transaction ID : 11159108

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kansans For Marshall

Mailing Address PO Box 1588

City Great Bend State KS Zip Code 67530

Purpose of Disbursement

011

Category/
Type

Candidate Name

Marshall, Roger, , ,

Office Sought: House Senate President
State: KS District:

Disbursement For: 2021
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2021

FEC Identification Number

C00576173

Transaction ID : 11159113

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. AI For Montana

Mailing Address PO Box 1596

City Helena State MT Zip Code 59624

Purpose of Disbursement

Category/Type

Candidate Name

Olszewski, Al, , ,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: MT District: 00

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11159120

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Kelly For Senate

Mailing Address PO Box 27202

City Tucson State AZ Zip Code 85726

Purpose of Disbursement

Category/Type

Candidate Name

Kelly, Mark, Edward, Sen.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: AZ District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 11164124

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Perimeter PAC

Mailing Address 124 Washington Street Suite 101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement Duckworth 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 : 11164133

Amount of Each Disbursement this Period

Duckworth 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. HeartDoc PAC

Mailing Address PO Box 250

City
Newburgh

State
IN

Zip Code
47629-0250

Purpose of Disbursement
Buschon 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 : 11164134

Amount of Each Disbursement this Period

Buschon LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. LANK PAC

Mailing Address PO Box 1639

City
Bethany

State
OK

Zip Code
73008

Purpose of Disbursement
Lankford 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 : 11164136

Amount of Each Disbursement this Period

Lankford LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. BRETPAC

Mailing Address 504 Derek Ave

City
Elizabethtown

State
KY

Zip Code
42701

Purpose of Disbursement
Guthrie 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 : 11164139

Amount of Each Disbursement this Period

Guthrie 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. Schakowsky For Congress

Mailing Address P.O. Box 5130

City
Evanston

State
IL

Zip Code
60204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schakowsky, Jan, D., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	14	/	2021

FEC Identification Number

C C00327023

Transaction ID : 11164140

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jim Banks For Congress, Inc.

Mailing Address PO Box 11431

City
Fort Wayne

State
IN

Zip Code
46858

Purpose of Disbursement

011

Category/
Type

Candidate Name

Banks, James, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: IN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	14	/	2021

FEC Identification Number

C C00577999

Transaction ID : 11164141

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Common Good PAC

Mailing Address PO Box 669

City
Glen Cove

State
NY

Zip Code
11542

Purpose of Disbursement
Suozzi 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
12	/	14	/	2021

FEC Identification Number

C C00669929

Transaction ID : 11164142

Amount of Each Disbursement this Period

2500.00

Suozzi LPAC

Memo Item

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. Hoosier PAC

Mailing Address PO Box 1126

City
Carmel

State
IN

Zip Code
46082

Purpose of Disbursement
Braun LPAC

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
12			14			2021			

FEC Identification Number

C C00691162

Transaction ID : 11164143

Amount of Each Disbursement this Period

1000.00

Braun LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Scanlon For Congress

Mailing Address PO Box 263

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2021			

FEC Identification Number

C C00669358

Transaction ID : 11164144

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2021			

FEC Identification Number

C C00693663

Transaction ID : 11164145

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)..... ▶

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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. 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, L., Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: IA

District: 04

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2021

FEC Identification Number

C00693663

Transaction ID : 11164150

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lone Star PAC

Mailing Address 217 Third St SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Burgess 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
12 / 14 / 2021

FEC Identification Number

C00415208

Transaction ID : 11164152

Amount of Each Disbursement this Period

5000.00

Burgess LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Carey For Congress

Mailing Address PO Box 16032

City
Columbus

State
OH

Zip Code
43216

Purpose of Disbursement

011

Category/
Type

Candidate Name

Carey For Congress

Office Sought:

House
 Senate
 President

Disbursement For: 2021

Primary General
 Other (specify) ▼

State: OH

District: 00

2021 General Debt Re

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2021

FEC Identification Number

C00779603

Transaction ID : 11164153

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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. Keystone America PAC

Mailing Address PO Box 58746

City Philadelphia

State PA

Zip Code 19102

Purpose of Disbursement
Casey LPAC

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
12			23			2021			

FEC Identification Number

C C00439992

Transaction ID : 11168120

Amount of Each Disbursement this Period

2500.00

Casey LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. AMI PAC

Mailing Address PO Box 582496

City Elk Grove

State CA

Zip Code 95758

Purpose of Disbursement
Bera LPAC

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
12			23			2021			

FEC Identification Number

C C00561779

Transaction ID : 11168122

Amount of Each Disbursement this Period

5000.00

Bera LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. MURPHPAC

Mailing Address 415 New Jersey Ave SE, Ste 1

City Washington

State DC

Zip Code 20003

Purpose of Disbursement
Void - MURPHPAC

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
12			31			2021			

FEC Identification Number

C C00459925

Transaction ID : 11184376

Amount of Each Disbursement this Period

- 2500.00

Void - MURPHPAC

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. Himes For Congress

Mailing Address 857 Post Road, #312

City
Fairfield

State
CT

Zip Code
06824

Purpose of Disbursement
Void - Himes For Congress

011

Category/
Type

Candidate Name

Himes, Jim, A., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2021					

FEC Identification Number

C C00434191

Transaction ID : 11184377

Amount of Each Disbursement this Period

- 2500.00

Void - Himes For Congress

Memo Item

Full Name (Last, First, Middle Initial)

B. Garret Graves For Congress

Mailing Address PO Box 64845

City
Baton Rouge

State
LA

Zip Code
70896

Purpose of Disbursement
Void - Garret Graves For Congress

011

Category/
Type

Candidate Name

Graves, Garret, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: LA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2021					

FEC Identification Number

C C00558486

Transaction ID : 11184378

Amount of Each Disbursement this Period

- 1000.00

Void - Garret Graves For Congress

Memo Item

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement
Void - Guthrie For Congress

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

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2021					

FEC Identification Number

C C00445023

Transaction ID : 11184379

Amount of Each Disbursement this Period

- 1500.00

Void - Guthrie For Congress

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)
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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. Fitzpatrick for Congress

Mailing Address PO Box 185

City
Langhorne

State
PA

Zip Code
19047

Purpose of Disbursement

011

Category/
Type

Candidate Name

Fitzpatrick, Michael, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	5		2	0	2	1		

FEC Identification Number

C C00404236

Transaction ID : 11239319

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

500.00

358500.00

**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

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2021

Mailing Address 62 Sumac Ct

City Iowa City State IA Zip Code 52246

FEC Identification Number

C [Redacted]

Purpose of Disbursement Refund of Contribution

010
Category/
Type

Transaction ID : 10981453

Amount of Each Disbursement this Period

[Redacted] 1000.00

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item Refund of Contribution

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		05		2021

Mailing Address 75 Kittansett Loop

City Henderson State NV Zip Code 89052-6694

FEC Identification Number

C [Redacted]

Purpose of Disbursement

010
Category/
Type

Transaction ID : 11147958

Amount of Each Disbursement this Period

[Redacted] 250.00

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. Lin, Jason, Seitetsu, , MD, FAAOS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2021

Mailing Address 3640 NW Goldfinch Drive

City Corvallis State OR Zip Code 97330-3487

FEC Identification Number

C [Redacted]

Purpose of Disbursement Refund erroneous contribution

010
Category/
Type

Transaction ID : 11152957

Amount of Each Disbursement this Period

[Redacted] 300.00

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item Refund erroneous contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

[Redacted] 1550.00

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

[Redacted] 1550.00