

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)

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

5. Covering Period 01 01 2020 through 03 31 2020

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

Signature of Treasurer Lundy, W, , Douglas, MD, MBA [Electronically Filed] Date 04 12 2020

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="2020"/>		<input type="text" value="556233.75"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="556233.75"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="466979.01"/>	<input type="text" value="466979.01"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1023212.76"/>	<input type="text" value="1023212.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="387201.64"/>	<input type="text" value="387201.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="636011.12"/>	<input type="text" value="636011.12"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	392783.66	392783.66
(ii) Unitemized	65346.58	65346.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	458130.24	458130.24
(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)	458130.24	458130.24
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).....	8848.77	8848.77
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	466979.01	466979.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	466979.01	466979.01

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	10732.44	10732.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10732.44	10732.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	375301.20	375301.20
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	1168.00	1168.00
(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)).....	1168.00	1168.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	387201.64	387201.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	387201.64	387201.64

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)	458130.24	458130.24
34. Total Contribution Refunds (from Line 28(d))	1168.00	1168.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	456962.24	456962.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	10732.44	10732.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	8848.77	8848.77
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1883.67	1883.67

**SCHEDULE A (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 300
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Cantrell, Michael, W, , MD, FAAOS		Date of Receipt
Mailing Address 2303 Annandale Road SE		<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2020"/>
City Huntsville	State AL	Zip Code 35801
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 10410515
Name of Employer (for Individual) Crestwood Medical Center		Occupation (for Individual) Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	
		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Casey, Brett, Edward, , MD,FAAOS		Date of Receipt
Mailing Address 249 Country Club Dr		<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2020"/>
City Houma	State LA	Zip Code 70360-7576
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 10410518
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 ▼ <input type="text" value="250.00"/>	
		Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Anderson, Robert, O, , MD, FAAOS		Date of Receipt
Mailing Address 9800 55th St N		<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2020"/>
City Lake Elmo	State MN	Zip Code 55042-8598
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 10411364
Name of Employer (for Individual) Summit Orthopedics		Occupation (for Individual) Orthopaedic Surgeon
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"/>	
		Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

SCHEDULE A (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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 01 / 07 / 2020
Transaction ID : 10413626
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lyons, Steven, Thomas, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12927 Darby Ridge Dr
 City Tampa State FL Zip Code 33624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 07 / 2020
Transaction ID : 10414051
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Robbe, Frederick, G, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8400 Shiloh Church Rd
 City Hopkinsville State KY Zip Code 42240-8099
 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 01 / 07 / 2020
Transaction ID : 10418219
 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 8 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Osterkamp, John, Anthony, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 S Orange Grove Blvd
 Apt #100
 City Pasadena State CA Zip Code 91105-3501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kerlan - Jobe Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 09 / 2020
Transaction ID : 10418229
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Samuelson, Thomas, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12101 Catalina St
 City Leawood State KS Zip Code 66209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Signature Medical Group of KC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 09 / 2020
Transaction ID : 10418231
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Crowell, Robert, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 888 Vernon Heights Cir
 City Marion State OH Zip Code 43302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 09 / 2020
Transaction ID : 10418232
 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 9 OF 300
	<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. 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) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2020
Transaction ID : 10418234

Amount of Each Receipt this Period
500.00

Memo Item

B. Vadala, Cathryn, Joyce, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3502 S Keller

City Kennewick	State WA	Zip Code 99337
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2020
Transaction ID : 10418235

Amount of Each Receipt this Period
500.00

Memo Item

C. Pagnotto, Michael, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 902 Silver Spring Ln

City Wexford	State PA	Zip Code 15090
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tri-State Orthopaedics & Sports Medici	Occupation (for Individual) Orthopaedic Surgeon
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2020
Transaction ID : 10418280

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 10 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Malvitz, Thomas, A, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5480 Forest Bend Dr

City Ada	State MI	Zip Code 49301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ortho Assoc of Michigan City	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
01		08		2020

Transaction ID : 10418282

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 5629 Cherlyn Dr

City New Orleans	State LA	Zip Code 70124-1138
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Westside 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
01		08		2020

Transaction ID : 10418283

Amount of Each Receipt this Period
250.00

Memo Item

C. Gill, John, T, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8230 Walnut Hill Lane
Suite 708

City Dallas	State TX	Zip Code 75231-4431
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2020

Transaction ID : 10418477

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 11 OF 300
	<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, James, D, , II, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3838 California Street
 Suite 715
 City San Francisco State CA Zip Code 94118-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 11 / 2020
Transaction ID : 10418478
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cohen, Nathaniel, P, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15294 Via Palomino
 City Monte Sereno State CA Zip Code 95030-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoNorCal Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 11 / 2020
Transaction ID : 10418479
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Song, Suzette, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2864 Deer Chase Ln
 City York State PA Zip Code 17403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OSS Orthopaedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 11 / 2020
Transaction ID : 10418486
 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 12 OF 300
	<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. Bruch, Richard, Franklin, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 Pineview Rd
 City Durham State NC Zip Code 27707
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 01 / 11 / 2020
Transaction ID : 10418503
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. Archibeck, Michael, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4409 Chinlee Ave
 City Albuquerque State NM Zip Code 87110-5715
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NM Ortho Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 11 / 2020
Transaction ID : 10418513
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Kenniston, Julia, Anne, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Longmeadow Road
 City Hingham State MA Zip Code 02043-3421
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Plymouth Bay Orthopedic Associates, In Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 11 / 2020
Transaction ID : 10418515
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 300
	<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. Thordarson, David, B, , MD,FAAOS

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

Mailing Address 832 Hanley Ave

City Los Angeles	State CA	Zip Code 90049
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Cedars Sinai Hospital	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 12 / 2020

Transaction ID : 10418521

Amount of Each Receipt this Period
250.00

Memo Item

B. Chambers, Henry, G, , MD, FAAOS

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

Mailing Address 5458 Sandburg Ave

City San Diego	State CA	Zip Code 92122
-------------------	-------------	-------------------

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

Name of Employer (for Individual) University of California	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 12 / 2020

Transaction ID : 10418523

Amount of Each Receipt this Period
500.00

Memo Item

c. Martin, Christopher, T, , MD

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

Mailing Address 3191 Shorewood Dr

City Arden Hills	State MN	Zip Code 55112-7948
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Minnesota	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 12 / 2020

Transaction ID : 10418526

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 14 OF 300
	<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. Cusmariu, Jeffrey, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 494 Lake Colony Way
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoSports Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 12 / 2020
Transaction ID : 10418531
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Irvine, David, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13012 Sunny Dawn Ct
 City Saint Louis State MO Zip Code 63127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 12 / 2020
Transaction ID : 10418533
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Grutter, Paul, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1374 Rozella Way
 City Gallatin State TN Zip Code 37066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennessee Orthopedic Alliance Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 12 / 2020
Transaction ID : 10418535
 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 15 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Deutsch, Allen, A., MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4018 Falkirk Lane
 City Houston State TX Zip Code 77025
 FEC ID number of contributing federal political 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
 01 / 12 / 2020
Transaction ID : 10418545
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. McHale, Patricia, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15819 Glenmiro Dr
 City Huntersville State NC Zip Code 28078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 12 / 2020
Transaction ID : 10418551
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Sutker, Benjamin, David, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2429 Red Fox Trl
 City Charlotte State NC Zip Code 28211-3766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optim Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 12 / 2020
Transaction ID : 10418553
 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 16 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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, James, Keith, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 727 Belvin St
 City San Marcos State TX Zip Code 78666
 FEC ID number of contributing federal political 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 01 / 12 / 2020
Transaction ID : 10418555
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Meyer, Robert, Willse, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4066 West Lake Rd
 City Canandaigua State NY Zip Code 14424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 12 / 2020
Transaction ID : 10418558
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Garino, Jonathan, P, , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 835 Stoke Road
 City Villanova State PA Zip Code 19085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 12 / 2020
Transaction ID : 10418560
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Muschler, George, F, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2270 Chatfield Dr
 City Cleveland Heights State OH Zip Code 44106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 12 / 2020
Transaction ID : 10418562
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Slaphey, Gregory, S, , MD, FAOS
 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 ▼ 250.00

Date of Receipt 01 / 12 / 2020
Transaction ID : 10418568
 Amount of Each Receipt this Period 250.00
 Memo Item

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

Date of Receipt 01 / 13 / 2020
Transaction ID : 10418571
 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 18 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 13512 Evening Primrose Dr

City Davidson	State NC	Zip Code 28036-8964
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		13		2020

Transaction ID : 10418574

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

M M	/	D D	/	Y Y Y Y
01		13		2020

Transaction ID : 10418759

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 3275 Bransley Way

City Duluth	State GA	Zip Code 30097
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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 ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		13		2020

Transaction ID : 10418778

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 19 OF 300
	<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. Macey, Theodore, I, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 Twin Bay Dr
 City Fort Walton Beach State FL Zip Code 32547
 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2020
Transaction ID : 10418833
 Amount of Each Receipt this Period
 900.00
 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
 01 / 13 / 2020
Transaction ID : 10419037
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Rodgers, Jeffrey, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3750 Plumwood Drive
 City West Des Moines State IA Zip Code 50265
 FEC ID number of contributing federal political 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
 01 / 13 / 2020
Transaction ID : 10419351
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2400.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Flanagin, 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 01 / 13 / 2020
Transaction ID : 10419353
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Abdel, Matthew, Philip, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1133 Hamlet Road Southwest
 City Rochester State MN Zip Code 55902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 14 / 2020
Transaction ID : 10419364
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Aronow, Michael, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 Braintree Dr
 City West Hartford State CT Zip Code 06117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Association of Hartford Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 14 / 2020
Transaction ID : 10419365
 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 21 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Axe, Jeremie, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 Gloucester Blvd
 City Middletown State DE Zip Code 19709-8327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First State Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2020
Transaction ID : 10419397
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Glaser, David, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 Cedar Ln
 City Villanova State PA Zip Code 19085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pennsylvania Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 14 / 2020
Transaction ID : 10419893
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Schulman, Jeff, Eric, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3229 Highland Lane
 City Fairfax State VA Zip Code 22031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Inova Medical Group Orthopaedics & Spo Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2020
Transaction ID : 10419912
 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 22 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 10 Hemlock Hills

City Chappaqua	State NY	Zip Code 10514
-------------------	-------------	-------------------

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

Name of Employer (for Individual) White Plains Hospital Physician Associ	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		14		2020

Transaction ID : 10420035

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1120 Lakeview Drive

City Cedar Falls	State IA	Zip Code 50613
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Cedar Valley Medical Specialists, PC	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		14		2020

Transaction ID : 10420037

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2668 Lake Cir

City Jackson	State MS	Zip Code 39211-6761
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Mississippi Sports Medicine & Orthopae	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		15		2020

Transaction ID : 10420040

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 23 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mollano, Anthony, V, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 163 Galloping Hill Rd
 City Contoocook State NH Zip Code 03229-3401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Concord Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 15 / 2020
Transaction ID : 10420041
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Kelly, Edward, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2255 Sargent Ave
 City Saint Paul State MN Zip Code 55105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Twin Cities Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 15 / 2020
Transaction ID : 10420393
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Albritton, Mark, James, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Ashmere Ct
 City Tyrone State GA Zip Code 30290
 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 01 / 15 / 2020
Transaction ID : 10420403
 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 24 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Duplantier, Neil, Leon, , MD, FAAOS

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

Mailing Address 6618 Miline Blvd

City New Orleans	State LA	Zip Code 70124
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Bone and Joint Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		15		2020

Transaction ID : 10420422

Amount of Each Receipt this Period
1000.00

Memo Item

B. Keene, Roxanne, Renae, , MD, FAAOS

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

Mailing Address 3716 6th St E

City West Fargo	State ND	Zip Code 58078-5439
--------------------	-------------	------------------------

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

Name of Employer (for Individual) CHI St Alexius Williston Medical Cente	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		15		2020

Transaction ID : 10424065

Amount of Each Receipt this Period
250.00

Memo Item

C. Weinstein, Richard, N, , MD, FAAOS

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

Mailing Address 21 Long Pond Rd

City Armonk	State NY	Zip Code 10504
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		16		2020

Transaction ID : 10425621

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 25 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jamison, James, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7092 Killdeer Drive
 City Canfield State OH Zip Code 44406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2020
Transaction ID : 10425622
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Smith, Jeffrey, Mark, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 San Elijo St
 City San Diego State CA Zip Code 92106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITE Orthopaedics Foundation Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2020
Transaction ID : 10425623
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Battaglia, Michael, Jacob, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1641 Windermere Dr E
 City Seattle State WA Zip Code 98112-3737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bellevue Bone & Joint Physicians Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2020
Transaction ID : 10425625
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sherman, Thomas, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 376 Kendig Rd
 City Conestoga State PA Zip Code 17516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medstar Georgetown University Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 16 / 2020
Transaction ID : 10425627
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Fontes, Roger, A, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1452 W Horizon Ridge Pkwy #504
 City Henderson State NV Zip Code 89012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Desert Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 16 / 2020
Transaction ID : 10425706
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Raven, Raymond, B, , III, MD,MB
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2625 W Alameda Ste 116
 City Burbank State CA Zip Code 91506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Raven Orthopaedics, Inc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 01 / 16 / 2020
Transaction ID : 10425776
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Sajadi, Kaveh, Robert, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2133 Woodmont Dr

City Lexington	State KY	Zip Code 40502
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		16		2020

Transaction ID : 10425816

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) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		17		2020

Transaction ID : 10425822

Amount of Each Receipt this Period
250.00

Memo Item

C. Coates, Kevin, E, , MD, MBA, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5651 Goldenberry Ct

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

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

Name of Employer (for Individual) Wake Forest Baptist Medical Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		17		2020

Transaction ID : 10425824

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Mayo, David, B, , MD, FAAOS

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

Mailing Address 30575 Woodward Ave Ste 100

City Royal Oak	State MI	Zip Code 48073-0986
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	17	/	2020

Transaction ID : 10425835

Amount of Each Receipt this Period
500.00

Memo Item

B. 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 ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	17	/	2020

Transaction ID : 10425963

Amount of Each Receipt this Period
250.00

Memo Item

C. Frankle, Mark, A, , MD,FAAOS

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

Mailing Address 915 Mooring Circle

City Tampa	State FL	Zip Code 33602
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	17	/	2020

Transaction ID : 10426008

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 29 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Melaragno, Paul, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4200 Dublin Rd #16
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic One Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2020
Transaction ID : 10426016
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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 ▼ 250.00

Date of Receipt 01 / 17 / 2020
Transaction ID : 10426041
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Harris, Ryan, N, , DO, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1685 Turnberry Ln
 City Riner State VA Zip Code 24149-2582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 18 / 2020
Transaction ID : 10426044
 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 30 OF 300
<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. Chu, Benjamin, I, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2298 Weigner Road
 City Lansdale State PA Zip Code 19446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2020
Transaction ID : 10426048
 Amount of Each Receipt this Period
 500.00
 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
 01 / 18 / 2020
Transaction ID : 10426050
 Amount of Each Receipt this Period
 250.00
 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 ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2020
Transaction ID : 10426052
 Amount of Each Receipt this Period
 2000.00
 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 31 OF 300
	<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. Pournaras, Stephen, W, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12310 Blair Ridge Drive
 City Fairfax State VA Zip Code 22033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 18 / 2020**
Transaction ID : 10426054
 Amount of Each Receipt this Period 250.00
 Memo Item

B. DeLuise, Anthony, M, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 76 Oakwood Drive
 City Scituate State RI Zip Code 02825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foundry Orthopedics & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 18 / 2020**
Transaction ID : 10426056
 Amount of Each Receipt this Period 250.00
 Memo Item

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

Date of Receipt **01 / 19 / 2020**
Transaction ID : 10426078
 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 32 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Polivy, Kenneth, D, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Gordon Rd
 City Waban State MA Zip Code 02468-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 19 / 2020
Transaction ID : 10426080
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

Date of Receipt 01 / 19 / 2020
Transaction ID : 10426086
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lahey Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 19 / 2020
Transaction ID : 10426088
 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 33 OF 300
	<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. Hrasky, Gregory, M, , MD,FAAOS
 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) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1050.00

Date of Receipt 01 / 19 / 2020
Transaction ID : 10426090
 Amount of Each Receipt this Period 1050.00
 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 250.00

Date of Receipt 01 / 19 / 2020
Transaction ID : 10426097
 Amount of Each Receipt this Period 250.00
 Memo Item

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

Date of Receipt 01 / 20 / 2020
Transaction ID : 10426103
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ardoin, Gregory, Troy, , MD, FAAOS

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

Mailing Address 32 Valley Club Circle

City Little Rock	State AR	Zip Code 72212-3437
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2020

Transaction ID : 10426106

Amount of Each Receipt this Period
250.00

Memo Item

B. Rogozinski, Abraham, , , MD, FAAOS

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

Mailing Address 3716 University Blvd S Ste 3

City Jacksonville	State FL	Zip Code 32216-4318
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2020

Transaction ID : 10427294

Amount of Each Receipt this Period
500.00

Memo Item

C. Rogozinski, Chaim, , , MD, FAAOS

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

Mailing Address 3716 University Blvd S Ste 3

City Jacksonville	State FL	Zip Code 32216-4318
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2020

Transaction ID : 10427296

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 35 OF 300
	<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. Kelleher, Peter, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 Perkins Place
 City Bozeman State MT Zip Code 59715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alpine Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2020
Transaction ID : 10427301
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Rodrigue, Stephen, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Arborside Drive
 City Falmouth State ME Zip Code 04105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Falmouth Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2020
Transaction ID : 10427374
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Noonan, Thomas, John, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Falcon Hills Dr
 City Highlands Ranch State CO Zip Code 80126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Steadman Hawkins Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 20 / 2020
Transaction ID : 10427380
 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 36 OF 300
	<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. McCrosson, John, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2749 Fountainhead Way
 City Mount Pleasant State SC Zip Code 29466-8590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Charleston Hip & Knee Replacement Cent Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2020
Transaction ID : 10427389
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Steel, Jack, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 630 Fern Street
 City Huntington State WV Zip Code 25701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scott Orthopedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 21 / 2020
Transaction ID : 10428174
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Hummer, Charles, D, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1157 Avonlea Circle
 City Glen Mills State PA Zip Code 19342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopaedics & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 21 / 2020
Transaction ID : 10428176
 Amount of Each Receipt this Period 2000.00
 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 37 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hackbarth, Donald, A, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N70 W14567 Terrace Drive
 City Menomonee Falls State WI Zip Code 53051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 22 / 2020
Transaction ID : 10428181
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Grebing, Brett, Raymond, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 719 Schwarz Rd
 City Edwardsville State IL Zip Code 62025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Ctr for Advanced Ortho, LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 22 / 2020
Transaction ID : 10429148
 Amount of Each Receipt this Period 1200.00
 Memo Item

C. Larson, Amanda, Celest Roof, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7617 58th Avenue NW
 City Gig Harbor State WA Zip Code 98335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2020
Transaction ID : 10432860
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Noffsinger, Mark, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7208 Selah Court
 City Mattawan State MI Zip Code 49071
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 23 / 2020
Transaction ID : 10432863
 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 6 El Caminito
 City Orinda State CA Zip Code 94563
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Kaiser Permanente Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 23 / 2020
Transaction ID : 10432865
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Tarbox, Byron, R Bus, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 S Keene St
 City Columbia State MO Zip Code 65201
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 23 / 2020
Transaction ID : 10432866
 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 39 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rajani, Rajiv, , MD, FAAOS

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

Mailing Address 701 Ogden Ln

City San Antonio	State TX	Zip Code 78209
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Univ of TX Health Sciences Ctr SA	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 23 / 2020

Transaction ID : 10432867

Amount of Each Receipt this Period
250.00

Memo Item

B. Ede, David, E, , MD, FAAOS

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

Mailing Address 415 Morris St Ste 104

City Charleston	State WV	Zip Code 25301-1840
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 23 / 2020

Transaction ID : 10432868

Amount of Each Receipt this Period
250.00

Memo Item

C. Miller, Rodney, Alan, , MD, FAAOS

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

Mailing Address 1776 W Highland Ave

City Wooster	State OH	Zip Code 44691-9070
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Wooster Orthopaedic & Sports Medicine	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
01 / 23 / 2020

Transaction ID : 10433399

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 40 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lowry, Jason, Kirk, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Orthopedic Way
 City Arlington State TX Zip Code 76015-1629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor Orthopedic & Spine Hospital at Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 24 / 2020
Transaction ID : 10433762
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Kaminski, Ken, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6987 Canal St
 City Tyler State TX Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Azalea Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 24 / 2020
Transaction ID : 10433765
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Carreira, Dominic, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 Downwood Circle NE Ste 700
 City Atlanta State GA Zip Code 30327
 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 01 / 24 / 2020
Transaction ID : 10433960
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Yaszemski, Michael, J, , MD, PhD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 1st Street SW
 City Rochester State MN Zip Code 55905
 FEC ID number of contributing federal political 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
 01 / 24 / 2020
Transaction ID : 10434543
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Battista, Vincent, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 675 Bent Creek Drive
 City Lititz State PA Zip Code 17543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates of Lancaster Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2020
Transaction ID : 10434545
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Guy, Daniel, K., , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 630 Country Club Rd
 City Lagrange State GA Zip Code 30240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory Southern Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2020
Transaction ID : 10434618
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hamann, Joshua, Charles, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1302 Sutton Dr
 City Columbia State MO Zip Code 65203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia Orthopaedic Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 24 / 2020
Transaction ID : 10434620
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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 01 / 25 / 2020
Transaction ID : 10434622
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mejia, Hector, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4920 E Progress Ct
 City Greenwood Village State CO Zip Code 80121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tallahassee Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2020
Transaction ID : 10434623
 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 43 OF 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Vazquez, Oscar, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 Monroe St Apt 4
 City Hoboken State NJ Zip Code 07030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 25 / 2020
Transaction ID : 10434624
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Tocks, Gregory, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1205 Woodworth Drive
 City Lancaster State PA Zip Code 17601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates of Landcaster Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 25 / 2020
Transaction ID : 10434628
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. 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 1000.00

Date of Receipt 01 / 25 / 2020
Transaction ID : 10434638
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

3000.00

**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 44 OF 300
	<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. Florack, Thomas, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2083 Lost Dauphin Rd
 City De Pere State WI Zip Code 54115-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2020
Transaction ID : 10434642
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Wright, Geoffrey, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4229 Foxxglen Run
 City Chesapeake State VA Zip Code 23321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sports Medicine & Orthopedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2020
Transaction ID : 10434660
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Port, Joshua, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Fairway Dr
 City Altoona State PA Zip Code 16602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blair Ortho Assoc & Sports Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 26 / 2020
Transaction ID : 10434663
 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 45 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2107 Linden Lake Road

City Fort Collins	State CO	Zip Code 80524
----------------------	-------------	-------------------

FEC ID number of contributing federal political 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
01		26		2020

Transaction ID : 10434666

Amount of Each Receipt this Period
750.00

Memo Item

B. Schnaser, Erik, Allen, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45855 Apache Rd

City Indian Wells	State CA	Zip Code 92210-8722
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Eisenhower Desert Orthopaedic Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		26		2020

Transaction ID : 10434668

Amount of Each Receipt this Period
250.00

Memo Item

C. Bircoll, Lawrence, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2481 East Osborne Road

City Atlanta	State GA	Zip Code 30319
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		26		2020

Transaction ID : 10434674

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 300
	<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. King, Jeffrey, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7665 Finnagen Dr
 City Mattawan State MI Zip Code 49071-9541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bronson Healthcare Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2020
Transaction ID : 10434676
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Marshall, Silas, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14524 SE 93rd St
 City Newcastle State WA Zip Code 98059-3482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10434685
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Hackett, Thomas, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 770 Potatoe Patch Unit 1
 City Vail State CO Zip Code 81657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Steadman Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10434686
 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 47 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2020

Transaction ID : 10434974

Amount of Each Receipt this Period
250.00

Memo Item

B. 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	/	D D	/	Y Y Y Y
01	/	27	/	2020

Transaction ID : 10434976

Amount of Each Receipt this Period
1000.00

Memo Item

C. 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) Self Employed	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	28	/	2020

Transaction ID : 10435934

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 48 OF 300
<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. Bass, Robert, L, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5721 Salisbury

City Prosper	State TX	Zip Code 75078
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		28		2020

Transaction ID : 10435939

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 201 Falcon Point

City Boerne	State TX	Zip Code 78006
----------------	-------------	-------------------

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

Name of Employer (for Individual) Univ TX Hlth Sci Ctr at San Antonio	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		28		2020

Transaction ID : 10435941

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1049 Catalonia Ave

City Coral Gables	State FL	Zip Code 33134
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		28		2020

Transaction ID : 10435944

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 49 OF 300
	<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. McClintock, Kyle, Ross, , DO, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2011 Fairway Oaks Dr
 City Ripon State CA Zip Code 95366-9360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Core Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2020
Transaction ID : 10435945
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Guille, James, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 390 Ring Rd
 City Chadds Ford State PA Zip Code 19317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brandywine Institute of Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2020
Transaction ID : 10435949
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. Della Rocca, Gregory, John, , MD, PhD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 Stonehaven Rd
 City Columbia State MO Zip Code 65203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University 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
 01 / 28 / 2020
Transaction ID : 10436969
 Amount of Each Receipt this Period
 250.00
 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 50 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Yannascoli, Sarah, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Rebellion Rd
 City Charleston State SC Zip Code 29407-7457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Pennsylvania Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 28 / 2020
Transaction ID : 10436971
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. MacDougall, James, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38608 128th St
 City Aberdeen State SD Zip Code 57401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avera Heart Hospital of South Dakota Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10437104
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Walker, Robert, N, , MD, FAAOS
 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 01 / 27 / 2020
Transaction ID : 10437106
 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 51 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Simon, Richard, J, , MD, FAAOS

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

Mailing Address 2485 Poinciana Dr

City Weston	State FL	Zip Code 33327-1414
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		27		2020

Transaction ID : 10437108

Amount of Each Receipt this Period
500.00

Memo Item

B. Holloway, G, Brian, , MD,FAAOS

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

Mailing Address 8956 Hemingway Grove Circle

City Knoxville	State TN	Zip Code 37922
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		27		2020

Transaction ID : 10437112

Amount of Each Receipt this Period
250.00

Memo Item

C. 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
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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	/	D D	/	Y Y Y Y
01		27		2020

Transaction ID : 10437113

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 52 OF 300
<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. Miller, Michael, David, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6501 N Camino Katrina

City Tucson	State AZ	Zip Code 85718
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2020

Transaction ID : 10437696

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 144 South Eighth St Ste 107

City Chambersburg	State PA	Zip Code 17201
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Richards Ortho Ctr & Sports Med	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2020

Transaction ID : 10438164

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 119 W Rose Valley Rd

City Wallingford	State PA	Zip Code 19086
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Presbyterian Med Ctr	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2020

Transaction ID : 10438273

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Edwards, Bryan, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2426 Vail Avenue
 Apartment 3001
 City Charlotte State NC Zip Code 28207
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Novant Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438274
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Emery, Sanford, E, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3958 Eastlake Dr
 City Morgantown State WV Zip Code 26508
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) WVU Dept of Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438275
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Richards, Paul, Jeffrey, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12610 Panasoffkee Dr
 City North Fort Myers State FL Zip Code 33903
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438276
 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 54 OF 300
	<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. Quigley, John, T, , MD, FAAOS

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

Mailing Address Suite 103
289 W Huntington Dr

City Arcadia	State CA	Zip Code 91007
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Congress Ortho Assoc Inc	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2020

Transaction ID : 10438277

Amount of Each Receipt this Period
500.00

Memo Item

B. Houde, John, Paul, , MD, FAAOS

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

Mailing Address 135 Ladieu Road

City Plainfield	State NH	Zip Code 03781
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Alice Peck Day 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
01	/	27	/	2020

Transaction ID : 10438280

Amount of Each Receipt this Period
500.00

Memo Item

C. Ebert, Frank, R, , MD, FAAOS

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

Mailing Address 6035 Hollins Ave

City Baltimore	State MD	Zip Code 21210
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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 M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2020

Transaction ID : 10438281

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 55 OF 300
	<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. Smith, Briant, W, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 915 St Helena Ave
 City Santa Rosa State CA Zip Code 95404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SMGR Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438283
 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) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438442
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Robinson, T, Clark, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1942
 City Nampa State ID Zip Code 83653
 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 01 / 27 / 2020
Transaction ID : 10438443
 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 56 OF 300
	<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. Sherman, Raymond, M P, , MD, FAAOS

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

Mailing Address 865 East Sawgrass Trail

City Dakota Dunes	State SD	Zip Code 57049
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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 ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2020

Transaction ID : 10438444

Amount of Each Receipt this Period

1000.00

 Memo Item

B. Henneghan, David, M, , MD, FAAOS

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

Mailing Address 2111 Shadow View Circle

City Plover	State WI	Zip Code 54467
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2020

Transaction ID : 10438445

Amount of Each Receipt this Period

1000.00

 Memo Item

C. Woolf, Mark, W, , MD, FAAOS

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

Mailing Address 3628 Country Club Circle

City Ft Worth	State TX	Zip Code 76109
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2020

Transaction ID : 10438446

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 57 OF 300
<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. 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
-------------------	-------------	-------------------

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
01	/	27	/	2020

Transaction ID : 10438449

Amount of Each Receipt this Period
1000.00

Memo Item

B. Goumas, Douglas, M, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Three Corners Rd

City Bedford	State NH	Zip Code 03110
-----------------	-------------	-------------------

FEC ID number of contributing federal political 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
01	/	27	/	2020

Transaction ID : 10438450

Amount of Each Receipt this Period
1000.00

Memo Item

C. 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
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2020

Transaction ID : 10438451

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 58 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Matsuura, Peter, A., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 Ponahawai St
 Ste 214
 City Hilo State HI Zip Code 96720-2660
 FEC ID number of contributing federal political 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 01 / 27 / 2020
Transaction ID : 10438465
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. Denton, John, R., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1333A North Ave
 PMB 434
 City New Rochelle State NY Zip Code 10804-2120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438466
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Mahoney, Craig, Robert, MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2004 S 40th Ct
 City West Des Moines State IA Zip Code 50265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Iowa Ortho Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438467
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 3500.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. McCoy, Blane, William, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2604 Hidden Canyon Dr
 City Brecksville State OH Zip Code 44141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOMS/ Southwest Orthopaedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438468
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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 ▼ 1000.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438469
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Gurman, Andrew, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 Twelfth Ave Ste C-2
 City Altoona State PA Zip Code 16601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Altoona Hand and Wrist Surgery, LLC. Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438470
 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 60 OF 300
<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,FAAOS
 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 ▼ 1000.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438471
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Flatow, Evan, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 390 Riverside Dr #3G
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai Roosevelt Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438472
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Biama, Richard, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1566 Edgehill Ln
 City Redlands State CA Zip Code 92373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438473
 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 61 OF 300
<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. Crutcher, James, P, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 39th Ave E
 City Seattle State WA Zip Code 98112-5028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Proliance Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438474
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Weber, Kristy, L, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3035 Hermosa Ln
 City Havertown State PA Zip Code 19083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pennsylvania Dept of Ort Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438476
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kiburz, Douglas, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5075 Hwy Y
 City Sedalia State MO Zip Code 65301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438477
 Amount of Each Receipt this Period 1200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3200.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (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 300
	<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. Becker, Carl, E, , MD, FAAOS

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

Mailing Address 9 Southview Lane

City Lititz	State PA	Zip Code 17543
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2020

Transaction ID : 10438478

Amount of Each Receipt this Period
1000.00

Memo Item

B. Manning, James, B, , MD, FAAOS

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

Mailing Address 2680 Crimson Canyon Dr

City Las Vegas	State NV	Zip Code 89128
-------------------	-------------	-------------------

FEC ID number of contributing federal political 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
 01 / 27 / 2020

Transaction ID : 10438497

Amount of Each Receipt this Period
1000.00

Memo Item

C. Faure, Bruce, T, , MD, FAAOS

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

Mailing Address 6849 W Ridgeview Dr

City Mequon	State WI	Zip Code 53092
----------------	-------------	-------------------

FEC ID number of contributing federal political 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
 01 / 27 / 2020

Transaction ID : 10438498

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 63 OF 300		
	<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. Warren, Russell, F, , 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 10021-4892
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438499
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Fontes, Roger, A, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1452 W Horizon Ridge Pkwy #504
 City Henderson State NV Zip Code 89012
 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 01 / 27 / 2020
Transaction ID : 10438502
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Fouse, Matthew, Nolan, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11607 Suburban Rd
 City Las Vegas State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Desert Orthopedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438503
 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 64 OF 300
	<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. Hanson, Chad, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2278 Trafalgar Ct
 City Henderson State NV Zip Code 89074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Desert Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438504
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Huff, Lawrence, Richard, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11340 Lago Augustine Way
 City Las Vegas State NV Zip Code 89141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Desert Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438505
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Kang, Parminder, Singh, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4827 Enchanted View St
 City Las Vegas State NV Zip Code 89149-3503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Desert Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438506
 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 65 OF 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Lee, Daniel, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Hawk Ridge Dr
 City Las Vegas State NV Zip Code 89135-7864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Desert Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438507
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Miao, Michael, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Wade Hampton Trail
 City Henderson State NV Zip Code 89052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Desert Orthopaedic Center, LTD Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438508
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Nevins, Russell, Todd, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 308 Tudor Rose Court
 City Las Vegas State NV Zip Code 89145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nevada Orthopedic & Spine Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438509
 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 66 OF 300
<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. Nishiyama, Steven, , DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 530 West End Blvd

City Winston Salem	State NC	Zip Code 27101
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2020

Transaction ID : 10438510

Amount of Each Receipt this Period
500.00

Memo Item

B. Perry, Archie, C, , Jr, MD, FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9712 Highridge Dr

City Las Vegas	State NV	Zip Code 89134
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2020

Transaction ID : 10438511

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2800 E Desert Inn Rd
Ste 100

City Las Vegas	State NV	Zip Code 89121-3609
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2020

Transaction ID : 10438512

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 67 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Tingley, Craig, Thomas, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12144 Dorada Coast Ave
 City Las Vegas State NV Zip Code 89138-4665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Desert Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438513
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Watson, Troy, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 Kittansett Loop
 City Henderson State NV Zip Code 89052-6694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Desert Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438514
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Winder, Richard, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2007 Grafton Ave
 City Henderson State NV Zip Code 89074-0604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Desert Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2020
Transaction ID : 10438515
 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 68 OF 300
	<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. Baldauf, John, , MD, FAAOS

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

Mailing Address 501 Trenier Drive

City Henderson	State NV	Zip Code 89002
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2020

Transaction ID : 10438516

Amount of Each Receipt this Period
500.00

Memo Item

B. Bassewitz, Hugh, , MD, FAAOS

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

Mailing Address 15 Morning Glow Ln

City Las Vegas	State NV	Zip Code 89135-2618
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2020

Transaction ID : 10438517

Amount of Each Receipt this Period
500.00

Memo Item

C. Dunn, Thomas, , MD, FAAOS

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

Mailing Address 2001 Alcova Ridge Dr

City Las Vegas	State NV	Zip Code 89135
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Desert Orthopaedic Center, LTD	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2020

Transaction ID : 10438518

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 69 OF 300
<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. Barnes, C, Lowry, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 E Palisades

City Little Rock	State AR	Zip Code 72207
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2020

Transaction ID : 10438543

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 12550 N 72nd St

City Stillwater	State MN	Zip Code 55082-9322
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2020

Transaction ID : 10438594

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 4105 Briargate Pkwy
Suite 300

City Colorado Springs	State CO	Zip Code 80920
--------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2020

Transaction ID : 10438605

Amount of Each Receipt this Period
1000.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5 Stream Valley Garth

City Owings Mills	State MD	Zip Code 21117
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Johns Hopkins University SOM	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487018

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 9 Hadrian Dr

City Livingston	State NJ	Zip Code 07039
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487238

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 513 Clinton Road

City Lexington	State KY	Zip Code 40502
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Donald Arms, MD	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487277

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 71 OF 300
	<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. Lyons, Thomas, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1429 Seventh St
 City New Orleans State LA Zip Code 70115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Center For Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487286
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Maki, Neil, J, , MD, FAAOS
 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 ▼ 500.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487287
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Mitchell, Robert, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 695 Hill Country Dr Ste B
 City Kerrville State TX Zip Code 78028-5958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487288
 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 72 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Berkenblit, Scott, , MD,PhD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4313 Roland Springs Dr
 City Baltimore State MD Zip Code 21210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medstar Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487294
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Drakeford, Michael, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1290 Terry Rd
 City Sumter State SC Zip Code 29150-1721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palmetto Orthopaedic & Sports Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487295
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Basta, Jean, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7010 Space Drive
 City Cheyenne State WY Zip Code 82009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cheyenne Orthopedics, PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487297
 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 73 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 01 / 31 / 2020
Transaction ID : 10487301
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Bercik, Robert, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 Raritan Rd
 City Clark State NJ Zip Code 07066-1230
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487302
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Rosenfeld, Samuel, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 Bennington Dr
 City Santa Ana State CA Zip Code 92705
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487303
 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 74 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 332 42nd Ave

City San Mateo	State CA	Zip Code 94403
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Mission Peak Orthopaedic	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487304

Amount of Each Receipt this Period
500.00

Memo Item

B. 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

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487305

Amount of Each Receipt this Period
250.00

Memo Item

C. Knowlan, Robert, V, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2266 Morgan Ave N

City West Lakeland	State MN	Zip Code 55082
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) St Croix Orthopaedics	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
02		01		2020

Transaction ID : 10487327

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 75 OF 300
<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. Ruoff, Mark, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Sierra Ct
 City Hillsdale State NJ Zip Code 07642
 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 ▼ 380.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2020
Transaction ID : 10487332
 Amount of Each Receipt this Period
 380.00
 Memo Item

B. 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 / D D / Y Y Y Y Y Y
 01 / 31 / 2020
Transaction ID : 10487334
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Chidester, John, H, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 326 Old Lincoln Highway
 City Malvern State PA Zip Code 19355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2020
Transaction ID : 10487335
 Amount of Each Receipt this Period
 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1230.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Karr, Scott, D, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5050 N Clinton St
 City Fort Wayne State IN Zip Code 46825-5822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortho Northeast Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487336
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Christensen, David, Mark, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1411 Falls Ave East Suite #1301
 City Twin Falls State ID Zip Code 83301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Intermountain Spine and Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487338
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Casey, Steven, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 Lawn Ave Ste 3
 City Sellersville State PA Zip Code 18960-1575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487339
 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 77 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Warden, William, H, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2760 Atlantic Ave
 City Long Beach State CA Zip Code 90806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Ortho Surgical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2020
Transaction ID : 10487342
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2020
Transaction ID : 10487343
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Tracy, Sean, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W211 N5455 Carters Crossing Circle
 City Menomonee Falls State WI Zip Code 53051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Orthopedic Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2020
Transaction ID : 10487348
 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 78 OF 300
	<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. 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

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487350

Amount of Each Receipt this Period
1000.00

Memo Item

B. Smith, Garth, Robert, , MD

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

Mailing Address 875 Mallard Circle

City Arnold	State MD	Zip Code 21012-1508
----------------	-------------	------------------------

FEC ID number of contributing federal political 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
01		31		2020

Transaction ID : 10487351

Amount of Each Receipt this Period
1000.00

Memo Item

C. Greene, Perry, William, , III, MD, F

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

Mailing Address 5001 Brookdale Rd

City Bloomfield Hills	State MI	Zip Code 48304
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487352

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 79 OF 300
<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) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487353
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Roberts, Craig, S, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 4808
 City Louisville State KY Zip Code 40204-0808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Louisville Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487354
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Walker, Lawrence, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 925
 27937 North Bay Rd
 City Lake Arrowhead State CA Zip Code 92352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arrowhead Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487388
 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 80 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7248 Ardsley Lane

City Clarkston	State MI	Zip Code 48348
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487389

Amount of Each Receipt this Period
500.00

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	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487390

Amount of Each Receipt this Period
250.00

Memo Item

c. Tenholder, Mark, Joseph, , MD,FAAOS
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	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487391

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 81 OF 300
	<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. Amadio, Peter, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 1st St S W
 City Rochester State MN Zip Code 55905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487450
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Valadie, Arthur, L, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 526 56th St
 City Holmes Beach State FL Zip Code 34217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coastal Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487452
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Gelb, Howard, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6214 NW 120th Dr
 City Coral Springs State FL Zip Code 33076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487453
 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 82 OF 300
	<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. Leone, William, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3111 NE 27th Avenue
 City Lighthouse Point State FL Zip Code 33064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Holy Cross Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487454
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Nicholas, Richard, W, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14106 Napoleon Rd
 City Little Rock State AR Zip Code 72211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487457
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Johnson, Lawrence, P, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 62 Abbot St
 City Andover State MA Zip Code 01810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487459
 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 83 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Chang, Mark, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 Joliet St Ste 104
 City Dyer State IN Zip Code 46311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487460
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kiernan, Howard, A, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 903 Park Avenue First Floor
 City New York State NY Zip Code 10075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487463
 Amount of Each Receipt this Period 500.00
 Memo Item

C. 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 250.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487464
 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 84 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Verhoog, Norman, , MD, FAAOS

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

Mailing Address 7831 Camino Del Encina Dr

City Redding	State CA	Zip Code 96001-4387
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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 ▼
450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487486

Amount of Each Receipt this Period
450.00

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	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487491

Amount of Each Receipt this Period
250.00

Memo Item

C. Craven, Thomas, G, , MD, FAAOS

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

Mailing Address 4521 S 81st West Ave

City Tulsa	State OK	Zip Code 74107-8285
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
203.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487500

Amount of Each Receipt this Period
203.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	903.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Maggitti, Michael, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3107 Drury Lane
 City Fayetteville State NC Zip Code 28303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeastern Regional Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487501
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sander, Michael, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 Southgate Blvd
 City Weslaco State TX Zip Code 78596-7009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sanders Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487502
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mumford, Joseph, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3110 SW Briarwood Circle
 City Topeka State KS Zip Code 66611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stormont Vail Healthcare Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487503
 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 86 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Banks, Willie, J, , Jr, MD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2705 South 19th Street

City Arlington	State VA	Zip Code 22204
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Dept of Veterans Affairs	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487504

Amount of Each Receipt this Period
350.00

Memo Item

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

Mailing Address 23075 Nottingham

City Beverly Hills	State MI	Zip Code 48025
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Michigan 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
01		31		2020

Transaction ID : 10487507

Amount of Each Receipt this Period
250.00

Memo Item

C. Herbst, Steven, Arthur, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8620 S County Rd 560 E

City Selma	State IN	Zip Code 47383
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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
01		31		2020

Transaction ID : 10487509

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2020

Transaction ID : 10487511

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 7024 Swagger Rd

City New Hope	State PA	Zip Code 18938
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2020

Transaction ID : 10487516

Amount of Each Receipt this Period
250.00

Memo Item

C. Duggan, John, P, , Jr, MD, FA
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

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2020

Transaction ID : 10487562

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 300
<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. Ishak, Andre, Michael, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2221 Wankel Way

City Oxnard	State CA	Zip Code 93036
----------------	-------------	-------------------

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

Name of Employer (for Individual) Ventura Orthopedic Medical Group Inc	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
01	/	30	/	2020

Transaction ID : 10487564

Amount of Each Receipt this Period
350.00

Memo Item

B. Lilley, James, Craig, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4475 Cardinal Cushing

City Claremont	State CA	Zip Code 91711
-------------------	-------------	-------------------

FEC ID number of contributing federal political 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
01	/	30	/	2020

Transaction ID : 10487565

Amount of Each Receipt this Period
500.00

Memo Item

C. Followwill, Jerry, L, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4916 US Highway 87 S

City Cuero	State TX	Zip Code 77954-6803
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2020

Transaction ID : 10487568

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Feighan, John, English, , MD, FAAOS

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

Mailing Address 2260 Harcourt Dr

City Cleveland Heights	State OH	Zip Code 44106
---------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2020

Transaction ID : 10487570

Amount of Each Receipt this Period
500.00

Memo Item

B. Hartman, Gregg, P, , MD,FAAOS

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

Mailing Address 2500 White Wing Court

City Camarillo	State CA	Zip Code 93012
-------------------	-------------	-------------------

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	/	D D	/	Y Y Y Y
01		30		2020

Transaction ID : 10487571

Amount of Each Receipt this Period
500.00

Memo Item

C. Martin, Kenneth, Andrew, , MD, FAAOS

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

Mailing Address 5 Platte Ct

City Maumelle	State AR	Zip Code 72113
------------------	-------------	-------------------

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

Name of Employer (for Individual) Arkansas Surgical Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2020

Transaction ID : 10487575

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 90 OF 300
	<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. McKenzie, Thomas, P, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1209 Rivergate Dr

City Lodi	State CA	Zip Code 95240-0547
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2020

Transaction ID : 10487579

Amount of Each Receipt this Period
500.00

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 ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2020

Transaction ID : 10487580

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3865 Bird Dog Lane

City Deland	State FL	Zip Code 32724
----------------	-------------	-------------------

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

Name of Employer (for Individual) Florida Orthopaedic Associates, PA	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2020

Transaction ID : 10487581

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 91 OF 300
	<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. Stanfield, Denver, T, , MD,FAAOS

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

Mailing Address 4440 Glen Este Withamsville Rd
Suite 500

City Cincinnati	State OH	Zip Code 45245-1331
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Wellington Ortho 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	/	D D	/	Y Y Y Y
01		30		2020

Transaction ID : 10487584

Amount of Each Receipt this Period
250.00

Memo Item

B. Dunn, Albert, , , DO,FAAOS

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

Mailing Address 11109 Nicoles Way

City Chardon	State OH	Zip Code 44024-9383
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Precision Orthopaedic Specialties, Inc	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2020

Transaction ID : 10487588

Amount of Each Receipt this Period
250.00

Memo Item

C. Kristensen, Ronald, M, , MD,FAAOS

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	/	D D	/	Y Y Y Y
01		30		2020

Transaction ID : 10487590

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 92 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Rankin, Glenn, B, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 651 N Granados Ave

City Solana Beach	State CA	Zip Code 92075
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Southern California Permanente Medical	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2020

Transaction ID : 10487591

Amount of Each Receipt this Period
500.00

Memo Item

B. 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

M M	/	D D	/	Y Y Y Y
01		30		2020

Transaction ID : 10487623

Amount of Each Receipt this Period
400.00

Memo Item

C. Steensen, Robert, N, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5638 Hayden Run Road

City Hilliard	State OH	Zip Code 43026-7751
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2020

Transaction ID : 10487626

Amount of Each Receipt this Period
250.00

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 93 OF 300
	<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. Conti, Stephen, F, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1704 Chestnut Ct
 City Sewickley State PA Zip Code 15143
 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 500.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487627
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Bigler, Gregory, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9101 Alta Dr Unit 901
 City Las Vegas State NV Zip Code 89145-8538
 FEC ID number of contributing federal political 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 01 / 30 / 2020
Transaction ID : 10487630
 Amount of Each Receipt this Period 750.00
 Memo Item

c. Flanagan, Jill, C, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4025 Navajo Trail NE
 City Atlanta State GA Zip Code 30319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Healthcare of Atlanta Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487631
 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 94 OF 300
	<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. McCollam, Stephen, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2001 Peachtree Rd NE
Ste 705

City Atlanta	State GA	Zip Code 30309-1476
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2020

Transaction ID : 10487632

Amount of Each Receipt this Period
1000.00

Memo Item

B. Higginbotham, William, , , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3189 Bloomfield Park Dr

City West Bloomfield	State MI	Zip Code 48323
-------------------------	-------------	-------------------

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
 01 / 30 / 2020

Transaction ID : 10487633

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 5011 Hawthorne Rd

City Little Rock	State AR	Zip Code 72207
---------------------	-------------	-------------------

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

Name of Employer (for Individual) University of Arkansas For Medical Sci	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2020

Transaction ID : 10487634

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Charoglu, Constantine, , , MD, FAAOS

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

Mailing Address 12 Waterford Drive

City Hattiesburg	State MS	Zip Code 39402-2927
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Southern Bone & Joint Specialists Inc	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2020

Transaction ID : 10487635

Amount of Each Receipt this Period
1000.00

Memo Item

B. Deben, Sophia, E, , MD,FAAOS

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

Mailing Address PO Box 143937

City Coral Gables	State FL	Zip Code 33114-3937
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Orthopaedic Specialists of Miami Beach	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2020

Transaction ID : 10487636

Amount of Each Receipt this Period
1000.00

Memo Item

C. 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
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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
01		30		2020

Transaction ID : 10487637

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 96 OF 300
	<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. Davison, Brian, L., MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8090 Crossgate Ct South
 City Dublin State OH Zip Code 43017-8432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic One Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487638
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Manista, Andrew, Philip, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1909 Golden Maple Ct NW
 City Olympia State WA Zip Code 98502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487639
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hennrikus, William, L., Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 Laurel Ridge Rd
 City Hershey State PA Zip Code 17033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Medical School Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487640
 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 97 OF 300
<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. Hagen, Robert, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2105 Summertime Trail
 City Lafayette State IN Zip Code 47909
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Lafayette Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487641
 Amount of Each Receipt this Period 1100.00
 Memo Item

B. Gellman, Richard, Evan, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 N Graham Street Suite 250
 City Portland State OR Zip Code 97227
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Summit Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487666
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Roberts, Richard, Mills, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1324
 City Grapevine State TX Zip Code 76099-1324
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Baylor Orthopedic & Spine Hospital at Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 30 / 2020
Transaction ID : 10487670
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (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 300
	<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. MacBeth, Ronald, A, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Hospital Road
 City Blairsville State GA Zip Code 30512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedics of North Georgia Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2020
Transaction ID : 10487673
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Henley, M Bradford, , , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6853 West Mercer Way
 City Mercer Island State WA Zip Code 98040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harborview Ortho Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2020
Transaction ID : 10487674
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Rowland, Michael, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Summer Path Way
 City Pembroke State MA Zip Code 02359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Shore Ortho, LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2020
Transaction ID : 10487675
 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 99 OF 300
	<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. 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) 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
01	/	30	/	2020

Transaction ID : 10487677

Amount of Each Receipt this Period
500.00

Memo Item

B. Orcutt, Daniel, R, , MD, FAAOS

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

Mailing Address 2670 Emerald Dr

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

Name of Employer (for Individual) OrthoAtlanta LLC	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2020

Transaction ID : 10487678

Amount of Each Receipt this Period
300.00

Memo Item

C. Locker, Joseph, R, , MD,FAAOS

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

Mailing Address 2240 SW 76th Ln

City Ocala	State FL	Zip Code 34476
---------------	-------------	-------------------

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

Name of Employer (for Individual) The Orthopaedic Institute	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2020

Transaction ID : 10487711

Amount of Each Receipt this Period
1000.00

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 100 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gottschalk, Michael, Brandon, , MD, FAAOS

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

Mailing Address 4799 Olde Village Cv

City Atlanta	State GA	Zip Code 30338-5055
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		02		2020

Transaction ID : 10487713

Amount of Each Receipt this Period
250.00

Memo Item

B. Newson, Graham, , , MA

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

Mailing Address 317 Massachusetts Ave NE Ste 100

City Washington	State DC	Zip Code 20002-5769
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Orthopaedic Surg	Occupation (for Individual) Director, Office of Government Relatio
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		02		2020

Transaction ID : 10487716

Amount of Each Receipt this Period
250.00

Memo Item

C. Bojeskul, John, A, , MD, FAAOS

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

Mailing Address 2108 Wythe Dr

City Evans	State GA	Zip Code 30809
---------------	-------------	-------------------

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

Name of Employer (for Individual) D D Eisenhower Army Med Ctr	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		02		2020

Transaction ID : 10487717

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 101 OF 300
	<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. DiCaprio, Matthew, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2028 Dobie Lane
 City Schenectady State NY Zip Code 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region Orthopaedics Bone & Joi Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2020
Transaction ID : 10487772
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Cummings, Nancy, Madsen, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6351 Crosby Ave
 City Inver Grove State MN Zip Code 55076-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2020
Transaction ID : 10487775
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Srikumaran, Umasuthan, , , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12195 Hayland Farm Way
 City Ellicott City State MD Zip Code 21042-6014
 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 ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2020
Transaction ID : 10487777
 Amount of Each Receipt this Period
 5000.00
 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 102 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gramstad, Gregory, D, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6702 SW Canyon Crest Dr

City Portland	State OR	Zip Code 97225
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rebound Orthopedics & Neurosurgery	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		15		2020

Transaction ID : 10487778

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 72 Hamlin Brook Pass

City Southington	State CT	Zip Code 06489
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Neurosurgery, Orthopaedic & Spine Spec	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		15		2020

Transaction ID : 10487779

Amount of Each Receipt this Period
350.00

Memo Item

c. Wright, Craig, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 Valley Road

City Wayne	State NJ	Zip Code 07470
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		15		2020

Transaction ID : 10487780

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Manthe, Megan, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 Lora St
 City Neptune Beach State FL Zip Code 32266-4941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JOI Nassau Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 15 / 2020
Transaction ID : 10487781
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Stewart, Nathaniel, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2480 Fieldstone
 City Eau Claire State WI Zip Code 54701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OakLeaf Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 02 / 2020
Transaction ID : 10487782
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Knight, Bradford, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11701 Pine Tree Dr
 City Fairfax State VA Zip Code 22033-2712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prince William Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 02 / 2020
Transaction ID : 10487783
 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 104 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Blessinger, Brian, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 St Charles St
 City Jasper State IN Zip Code 47546-9145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norris and Love Ortho & Sports Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 02 / 2020**
Transaction ID : 10487786
 Amount of Each Receipt this Period 1000.00
 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 **01 / 31 / 2020**
Transaction ID : 10487787
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Posch, John, Nicholas, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1235 Oakridge Dr
 City Cleveland Heights State OH Zip Code 44121-1665
 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 **01 / 31 / 2020**
Transaction ID : 10487788
 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 105 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Rink, Peter, C, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Woodview Way
 City Davenport State IA Zip Code 52807-3618
 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 250.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487789
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hosemann, Charles, D, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 236 St Andrews Dr
 City Jackson State MS Zip Code 39211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487791
 Amount of Each Receipt this Period 250.00
 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 250.00

Date of Receipt 02 / 02 / 2020
Transaction ID : 10487793
 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 106 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 02 / 02 / 2020
Transaction ID : 10487794
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Musgrave, Douglas, S, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61800 Somerset Dr
 City Bend State OR Zip Code 97702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Surgical Specialists Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487796
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Galvin, Eugene, Gerard, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 27th Ave
 City San Francisco State CA Zip Code 94121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487799
 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 107 OF 300
	<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. Bruce, Jeremy, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3249 Reflecting Dr
 City Chattanooga State TN Zip Code 37415-5656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTCOM Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487800
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Slover, James, D, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 East 33rd Street Apt 8A
 City New York State NY Zip Code 10016
 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 01 / 31 / 2020
Transaction ID : 10487804
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Riederman, Robert, , , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Merry Hill Court
 City Baltimore State MD Zip Code 21208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CAO Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487805
 Amount of Each Receipt this Period 350.00
 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 108 OF 300
<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. Cunningham, Rick, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 Meadow Road
 City Edwards State CO Zip Code 81632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vail - Summit Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487806
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Daouk, Ayman, Ahmad, , MD,FAAOS
 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 01 / 31 / 2020
Transaction ID : 10487807
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Yacoubian, Stephan, Vahe, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1248 Swarthmore Dr
 City Glendale State CA Zip Code 91206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2020
Transaction ID : 10487812
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 300
<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. McKenzie, Matthew, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 E 23rd St Ste 5000

City Sioux Falls	State SD	Zip Code 57105-2132
---------------------	-------------	------------------------

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 ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2020
Transaction ID : 10487813

Amount of Each Receipt this Period
 750.00

Memo Item

B. Heller, John, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1818 Cedar Canyon Dr

City Atlanta	State GA	Zip Code 30345-4024
-----------------	-------------	------------------------

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
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2020
Transaction ID : 10487839

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Colizza, Wayne, Anthony, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Hillside Court East

City Morris Plains	State NJ	Zip Code 07950
-----------------------	-------------	-------------------

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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2020
Transaction ID : 10487840

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 535 Marshall Street

City Duluth	State MN	Zip Code 55803
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487841

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487842

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1724 W Union #100

City Tacoma	State WA	Zip Code 98405
----------------	-------------	-------------------

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

Name of Employer (for Individual) Puget Sound Orthopaedic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487844

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 111 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Hanson, Eric, C, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1630 E Herndon Ave Ste 202

City Fresno	State CA	Zip Code 93720-3305
----------------	-------------	------------------------

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

Name of Employer (for Individual) Fresno Surgical Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487845

Amount of Each Receipt this Period
375.00

Memo Item

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

Mailing Address 535 E 70th St 6th Fl

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 ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487846

Amount of Each Receipt this Period
250.00

Memo Item

C. Dunteman, Roger, Charles, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 850 Ironwood Dr Ste 202

City Coeur D Alene	State ID	Zip Code 83814
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		31		2020

Transaction ID : 10487847

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 300
	<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. Fogle, Evander, F, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4162 North Stratford Rd NE
 City Atlanta State GA Zip Code 30342
 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 01 / 28 / 2020
Transaction ID : 10487906
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 28 / 2020
Transaction ID : 10487907
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Stuart, Kyle, David, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1810 Tucker St
 City Dallas State TX Zip Code 75214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sports Medicine Clinic of North Texas Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 02 / 2020
Transaction ID : 10487916
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 113 OF 300
<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. Larson, Bryan, H, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 903 Saint Francis St

City Rapid City	State SD	Zip Code 57701-5310
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Black Hills Orthopaedic and Spine Cent	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2020

Transaction ID : 10489303

Amount of Each Receipt this Period
250.00

Memo Item

B. Featheringill, John, P K, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2250 Highland Ave S Apt 7

City Birmingham	State AL	Zip Code 35205-2925
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2020

Transaction ID : 10489305

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1579 Winterwood Drive

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2020

Transaction ID : 10489308

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 114 OF 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Johnson, Jeffrey, Einer, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2207 Westerly Ct
 City Chesterfield State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington Univ Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2020
Transaction ID : 10489310
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. 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 / D D / Y Y Y Y Y Y
 01 / 30 / 2020
Transaction ID : 10489311
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Ruth, Robert, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5265 Paseo Camio
 City Santa Barbara State CA Zip Code 93111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2020
Transaction ID : 10489313
 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 115 OF 300		
	<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. Chihlas, Christopher, N, , MD, FAAOS

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

Mailing Address 230 River Farm Drive

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

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

Name of Employer (for Individual) Southcoast Physicians Group	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 01 / 30 / 2020
Transaction ID : 10489315

Amount of Each Receipt this Period
 500.00

Memo Item

B. Huebner, Melburn, K, , MD, FAAOS

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

Mailing Address 1501 North Dowell Road

City Amarillo	State TX	Zip Code 79124
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 01 / 30 / 2020
Transaction ID : 10489316

Amount of Each Receipt this Period
 500.00

Memo Item

C. Kuhlman, Jeffrey, R, , MD, FAAOS

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

Mailing Address 179 Arnold Palmer Dr

City Advance	State NC	Zip Code 27006
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Piedmont Healthcare	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 01 / 30 / 2020
Transaction ID : 10489318

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 116 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 131 East 69th Street

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2020

Transaction ID : 10489320

Amount of Each Receipt this Period
250.00

Memo Item

B. Speer, Kevin, P, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3320 Wake Forest Road, Suite 430

City Raleigh	State NC	Zip Code 27609-7300
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Duke 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
01		30		2020

Transaction ID : 10489322

Amount of Each Receipt this Period
500.00

Memo Item

C. O'Grady, Christopher, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 James River Road

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

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

Name of Employer (for Individual) The Andrews Institute	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2020

Transaction ID : 10490543

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 117 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 504 Valley Road
 City Wayne State NJ Zip Code 07470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 21 / 2020
Transaction ID : 10490544
 Amount of Each Receipt this Period 250.00
 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) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2020
Transaction ID : 10490546
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bruggeman, Adam, J, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 La Escalera
 City San Antonio State TX Zip Code 78261-2319
 FEC ID number of contributing federal political 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 01 / 22 / 2020
Transaction ID : 10490549
 Amount of Each Receipt this Period 2000.00
 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 118 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kensinger, Daniel, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 964 Wynstone Dr
 City Jefferson State SD Zip Code 57038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CNOS Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **01 / 24 / 2020**
Transaction ID : 10490555
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Lajam, Claudette, Malvina, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Knollwood Dr
 City Larchmont State NY Zip Code 10538-1238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hosp for Joint Disease Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt **01 / 27 / 2020**
Transaction ID : 10490559
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. 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 5000.00

Date of Receipt **01 / 27 / 2020**
Transaction ID : 10490562
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	11000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Baumgarten, Keith, M, , MD,FAAOS

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

Mailing Address 807 W Chicory

City Sioux Falls	State SD	Zip Code 57108
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Sioux Falls Specialty Hospital	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		27		2020

Transaction ID : 10490563

Amount of Each Receipt this Period
1000.00

Memo Item

B. Delanois, Ronald, Emilio, , MD,FAAOS

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

Mailing Address 6 Brookfield Garth

City Lutherville Timonium	State MD	Zip Code 21093
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		28		2020

Transaction ID : 10490566

Amount of Each Receipt this Period
500.00

Memo Item

C. Dennis, Thomas, R, , MD,FAAOS

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

Mailing Address 128 Lubrano Dr Suite 301

City Annapolis	State MD	Zip Code 21401-7028
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Annapolis Hand Center	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		28		2020

Transaction ID : 10490569

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2020

Transaction ID : 10490681

Amount of Each Receipt this Period
200.00

Memo Item

B. Wolf, Brian, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4346 Maier Ave SW

City Iowa City	State IA	Zip Code 52240-8410
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Iowa Hospitals	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2020

Transaction ID : 10490683

Amount of Each Receipt this Period
250.00

Memo Item

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

City Collierville	State TN	Zip Code 38017
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2020

Transaction ID : 10490685

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Townsend, Peter, F, , MD, FAAOS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1941 Limestone Road
Suite 101

City Wilmington State DE Zip Code 19808-5413

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

Name of Employer (for Individual) Delaware Orthopaedic Specialists Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2020

Transaction ID : 10491089

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 12927 Darby Ridge Dr

City Tampa State FL Zip Code 33624

FEC ID number of contributing federal political 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
MM / DD / YYYY
02 / 06 / 2020

Transaction ID : 10491889

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 610 Solar Isle Drive

City Fort Lauderdale State FL Zip Code 33301

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

Name of Employer (for Individual) Fort Lauderdale Orthopaedics, PL Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2020

Transaction ID : 10492579

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 122 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Anderson, Lesley, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 San Marino Dr
 City San Rafael State CA Zip Code 94901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **02 / 05 / 2020**
Transaction ID : 10493003
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Robie, David, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6585 Plesenton Dr S
 City Worthington State OH Zip Code 43085-2944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic One Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt **02 / 05 / 2020**
Transaction ID : 10493005
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Weinstein, Stuart, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Hawkins Dr Ste 01026JPP
 City Iowa City State IA Zip Code 52242-1008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **02 / 05 / 2020**
Transaction ID : 10493006
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 555 New Albany Rd

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

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2020

Transaction ID : 10493008

Amount of Each Receipt this Period
1000.00

Memo Item

B. McAlister, Wade, P, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1314 Milford St

City Houston	State TX	Zip Code 77006
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2020

Transaction ID : 10493197

Amount of Each Receipt this Period
1000.00

Memo Item

c. DellaMaggiore, Eugene, D, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1214 Sierra Avenue

City San Jose	State CA	Zip Code 95126
------------------	-------------	-------------------

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

Name of Employer (for Individual) O'Connor Hospital	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2020

Transaction ID : 10493201

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 124 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lepse, Peter, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3531 Lincolnshire Rd
 City Topeka State KS Zip Code 66614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stormont Vail Health Care Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2020
Transaction ID : 10493204
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Grant, Michael, P, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 Spring Dale Place
 City Longmont State CO Zip Code 80504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Estes Park 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
 02 / 05 / 2020
Transaction ID : 10493207
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Papas, Spiro, N, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Delafield Rd Ste 1040
 City Pittsburgh State PA Zip Code 15215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2020
Transaction ID : 10493209
 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 125 OF 300
	<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. Hall, Robert, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10400 Blackwolf Cir
 City Anchorage State AK Zip Code 99507-1202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Physicians Anchorage Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 05 / 2020
Transaction ID : 10493237
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kenyon, Paul, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 North West Ave
 City Jackson State MI Zip Code 49203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 05 / 2020
Transaction ID : 10493238
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kain, Michael, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Blossom St
 City Lexington State MA Zip Code 02421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lahey Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 05 / 2020
Transaction ID : 10493241
 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 126 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bell, David, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5924 Stoneridge Drive
 Suite 202
 City Pleasanton State CA Zip Code 94588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bell 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
 02 / 05 / 2020
Transaction ID : 10493242
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Harp, John, H, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6905 South Q Ct
 City Fort Smith State AR Zip Code 72903-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cooper 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
 02 / 05 / 2020
Transaction ID : 10493244
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. 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
 02 / 05 / 2020
Transaction ID : 10493246
 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 127 OF 300
	<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. Wells, Matthew, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 444 Hendricks Isle Unit 304
 City Fort Lauderdale State FL Zip Code 33301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Fort Lauderdale Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 05 / 2020
Transaction ID : 10493248
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Grogan, Thomas, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 521 S Westgate Ave
 City Los Angeles State CA Zip Code 90049
 FEC ID number of contributing federal political 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 02 / 05 / 2020
Transaction ID : 10493251
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Hansen, Uel, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 73203 E Sundown Pr SE
 City Kennewick State WA Zip Code 99338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tri-City Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 05 / 2020
Transaction ID : 10493252
 Amount of Each Receipt this Period 350.00
 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 128 OF 300
	<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. Itamura, John, Minoru, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 921 Monterey Rd
 City South Pasadena State CA Zip Code 91030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Kerlan-Jobe Orthopaedic Foundation Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 05 / 2020**
Transaction ID : 10493254
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Delfico, Anthony, John, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 S Maple Ave
 City Ridgewood State NJ Zip Code 07450
 FEC ID number of contributing federal political 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 **02 / 05 / 2020**
Transaction ID : 10493256
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Brooks, Andrew, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1412 Exeter Ct
 City Davis State CA Zip Code 95618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00

Date of Receipt **02 / 05 / 2020**
Transaction ID : 10493257
 Amount of Each Receipt this Period 230.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1230.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 300
<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. Hasan, Syed, Ashfaq, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7730 Elmwood Road
 City Fulton State MD Zip Code 20759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland School of Medic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 06 / 2020**
Transaction ID : 10493914
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Albert, Todd, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 541 E 71st Street
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital for Special Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 06 / 2020**
Transaction ID : 10493916
 Amount of Each Receipt this Period 1000.00
 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 ▼ 250.00

Date of Receipt **02 / 06 / 2020**
Transaction ID : 10493917
 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 130 OF 300
<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. Nanson, Christopher, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19150 SW 51st Ave
 City Tualatin State OR Zip Code 97062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedics Northwest Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 06 / 2020**
Transaction ID : 10493918
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Green, Daniel, William, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **02 / 07 / 2020**
Transaction ID : 10494050
 Amount of Each Receipt this Period 175.00
 Memo Item

C. Freeman, Carl, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1671 Woodmere Drive
 City Jacksonville State FL Zip Code 32210
 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 ▼ 1000.00

Date of Receipt **02 / 07 / 2020**
Transaction ID : 10494282
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Vizzi, Peter, D, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 318 Beverly Drive

City Lafayette	State LA	Zip Code 70503
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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
02		07		2020

Transaction ID : 10494319

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 409 Hermitage Rd

City Charlotte	State NC	Zip Code 28207-1841
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2020

Transaction ID : 10494337

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 7535 SW Schroeder Way

City Wilsonville	State OR	Zip Code 97070-9574
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2020

Transaction ID : 10494359

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 132 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Leddy, Michael, J, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3444 Masonic Dr
 City Alexandria State LA Zip Code 71301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Louisiana Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 08 / 2020
Transaction ID : 10494361
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Sirounian, Gregory, H, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Merillon Ave
 City Garden City State NY Zip Code 11530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Winthrop Orthopedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2020
Transaction ID : 10494368
 Amount of Each Receipt this Period 500.00
 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 ▼ 250.00

Date of Receipt 02 / 09 / 2020
Transaction ID : 10494369
 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 133 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ternes, John, P, , MD, FAAOS

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

Mailing Address 3707 Mooreland Farms Rd

City Charlotte	State NC	Zip Code 28226-5404
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2020

Transaction ID : 10494371

Amount of Each Receipt this Period
500.00

Memo Item

B. 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
02		09		2020

Transaction ID : 10494375

Amount of Each Receipt this Period
250.00

Memo Item

C. Schneider, Scott, B, , MD, FAAOS

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

Mailing Address 1180 Mary Hill Circle

City Hartland	State WI	Zip Code 53029
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2020

Transaction ID : 10494383

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 134 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Nayak, Suresh, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8107 Wycliffe Dr
 City Cincinnati State OH Zip Code 45244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Wilmington Memorial Hospital Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2020
Transaction ID : 10494836
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Sheldon, Daniel, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1549 Victoria Isle Way
 City Weston State FL Zip Code 33327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2020
Transaction ID : 10494838
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Baez, Norberto, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1019
 City Sabana Grande State PR Zip Code 00637-1019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2020
Transaction ID : 10494840
 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 135 OF 300
	<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. Geller, Jeffrey, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Apawamis Ave
 City Rye State NY Zip Code 10580
 FEC ID number of contributing federal political 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2020
Transaction ID : 10494841
 Amount of Each Receipt this Period
 350.00
 Memo Item

B. Greenky, Brett, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4115 N Medical Center Dr
 City Fayetteville State NY Zip Code 13066-6636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeast 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
 02 / 06 / 2020
Transaction ID : 10494844
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Rechter, Alan, Jeffrey, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18885 Katy Freeway
 City Houston State TX Zip Code 77094
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2020
Transaction ID : 10494847
 Amount of Each Receipt this Period
 300.00
 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 136 OF 300
	<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. Rose, Donald, Joseph, , MD,FAAOS

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

Mailing Address 25 East End Ave

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

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

Name of Employer (for Individual) RYC Orthopaedic, 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
 02 / 06 / 2020

Transaction ID : 10494848

Amount of Each Receipt this Period
500.00

Memo Item

B. Guanche, Carlos, , MD,FAAOS

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

Mailing Address 3608 Crownridge Drive

City Sherman Oaks	State CA	Zip Code 91403
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2020

Transaction ID : 10494849

Amount of Each Receipt this Period
1500.00

Memo Item

c. Den Hartog, Bryan, D, , MD, FAAOS

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

Mailing Address 4040 Radio Drive

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

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 ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2020

Transaction ID : 10494850

Amount of Each Receipt this Period
750.00

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 137 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2020

Transaction ID : 10494851

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 84 Northwood Ave

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

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

Name of Employer (for Individual) NYU Hospital for Joint Diseases	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2020

Transaction ID : 10494852

Amount of Each Receipt this Period
250.00

Memo Item

C. Boyette, Deanna, M, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 602 Daventry Dr

City Greenville	State NC	Zip Code 27858-6513
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Boyette Orthos & Sports Med PA	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2020

Transaction ID : 10494853

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 138 OF 300
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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. 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
02		06		2020

Transaction ID : 10494875

Amount of Each Receipt this Period
1000.00

Memo Item

B. 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

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2020

Transaction ID : 10494876

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1901 NW Rivermist Dr

City Bend	State OR	Zip Code 97701
--------------	-------------	-------------------

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

Name of Employer (for Individual) The 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
02		06		2020

Transaction ID : 10494877

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 139 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Matson, Paul, C, , MD, FAAOS,
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) Orthopedic and Fracture Clinic	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
02		06		2020

Transaction ID : 10494884

Amount of Each Receipt this Period
300.00

Memo Item

B. Lerman, Daniel, M, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1601 E 19th Ave
Suite 3300

City Denver	State CO	Zip Code 80218
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2020

Transaction ID : 10494886

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2500 Summit Ridge Trl

City Charlottesvle	State VA	Zip Code 22911-8700
-----------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2020

Transaction ID : 10494888

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 140 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Farr, Jack, , , II, MD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5287 N 400 W

City Bargersville	State IN	Zip Code 46106
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2020

Transaction ID : 10494889

Amount of Each Receipt this Period
700.00

Memo Item

B. Sees, Julieanne, P, , DO,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Edward Ct

City Clifton	State NJ	Zip Code 07011
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Nemours A. I. Dupont Hospital For Chil	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2020

Transaction ID : 10494890

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 76 Lamberts Ln

City Cohasset	State MA	Zip Code 02025-1214
------------------	-------------	------------------------

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

Name of Employer (for Individual) SouthShore 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
02		06		2020

Transaction ID : 10494891

Amount of Each Receipt this Period
500.00

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 141 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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, Alan, S, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1828

City Petersburg	State AK	Zip Code 99833
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2020

Transaction ID : 10494894

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1524 Black Walnut Ct

City Naperville	State IL	Zip Code 60565-5203
--------------------	-------------	------------------------

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

Name of Employer (for Individual) DuPage Medical Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2020

Transaction ID : 10495935

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 500 N Lewis Ste 280

City New Iberia	State LA	Zip Code 70563
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2020

Transaction ID : 10495940

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 142 OF 300
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bowen, William, Scott, , MD, FAAOS

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

Mailing Address 5 St Vincent Cir
Ste 100

City Little Rock	State AR	Zip Code 72205-5412
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2020

Transaction ID : 10495941

Amount of Each Receipt this Period
500.00

Memo Item

B. Yates, Adolph, J, , Jr, MD, FAA

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

Mailing Address 52 Mallard Dr

City Pittsburgh	State PA	Zip Code 15238
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Univ of Pittsburgh Med Ctr	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2020

Transaction ID : 10496013

Amount of Each Receipt this Period
1000.00

Memo Item

C. Bruse, Laura, Marie, , MD, FAAOS

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

Mailing Address 944 Everest Peak Avenue

City Henderson	State NV	Zip Code 89012
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2020

Transaction ID : 10496456

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Means, Kenneth, Robert, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2908 Crabapple Ln
 City Ellicott City State MD Zip Code 21042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Union Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 12 / 2020**
Transaction ID : 10496457
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Chase, Adam, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1411 Sharingbrook Dr
 City Manhattan State KS Zip Code 66503
 FEC ID number of contributing federal political 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 **02 / 12 / 2020**
Transaction ID : 10496775
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Cunningham, Torin, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 Sea Terrace
 City Newport Coast State CA Zip Code 92657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 12 / 2020**
Transaction ID : 10496815
 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 144 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Burnham, Jeremy, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3122 Nicholson Lake Dr
 City Baton Rouge State LA Zip Code 70810-0353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of KY-Kentucky Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2020
Transaction ID : 10496828
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Lang, Gerald, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1309 Redan Drive
 City Verona State WI Zip Code 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2020
Transaction ID : 10496829
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. King, David, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N21W29802 Glen Cove Rd
 City Pewaukee State WI Zip Code 53072-4842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2020
Transaction ID : 10496881
 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 145 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Micheli, Lyle, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 Longwood Ave
 Ste 24
 City Boston State MA Zip Code 02115-5712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston Children's Hospital - Orthopedi 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
 02 / 13 / 2020
Transaction ID : 10498289
 Amount of Each Receipt this Period
 750.00
 Memo Item

B. Carter, Thomas, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4804 E Palomino Rd
 City Phoenix State AZ Zip Code 85016-4879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2020
Transaction ID : 10498293
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Benecki, Gerard, Mark, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17326 32nd Drive NW
 City Stanwood State WA Zip Code 98292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United States Navy Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2020
Transaction ID : 10498294
 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 146 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Masem, Mathias, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 Grand Ave #600
 City Oakland State CA Zip Code 94612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **02 / 13 / 2020**
Transaction ID : 10498295
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Frederick, Hugh, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6330 Prestonshire Drive
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **02 / 13 / 2020**
Transaction ID : 10498296
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Rosen, Craig, H, , MD, FAAOS
 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 **02 / 13 / 2020**
Transaction ID : 10498302
 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 147 OF 300
	<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. Fraser, Michael, Robson, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2808 NW Walden Dr
 City Camas State WA Zip Code 98607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Navy Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 13 / 2020**
Transaction ID : 10498305
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Nunley, James, Albert, , II, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4709 Creekstone Drive Suite 200
 City Durham State NC Zip Code 27703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 13 / 2020**
Transaction ID : 10498306
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. 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 **02 / 13 / 2020**
Transaction ID : 10498307
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
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		<input type="checkbox"/> 17

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

A. Wright, Thomas, W, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3450 Hull Road
 3rd Floor, Room 3341
 City Gainesville State FL Zip Code 32607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 13 / 2020
Transaction ID : 10498308
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Carter, Ralph, E, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Sterling Ln
 City Laurinburg State NC Zip Code 28352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 14 / 2020
Transaction ID : 10498773
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Huang, Fredrick, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4448 138th Ave SE
 City Bellevue State WA Zip Code 98006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Proliance Surgeons IHA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 13 / 2020
Transaction ID : 10498824
 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 149 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gallentine, James, W, , MD, FAAOS

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

Mailing Address Nebraska Orthopaedic & Sports Medi
575 South 70th

City Lincoln	State NE	Zip Code 68510
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Nebraska Ortho & Sports Med	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2020

Transaction ID : 10498825

Amount of Each Receipt this Period
1000.00

Memo Item

B. Fernicola, Patrick, Joseph, , MD, FAAOS

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

Mailing Address 2131 Old River Rd

City Fortson	State GA	Zip Code 31808-2543
-----------------	-------------	------------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2020

Transaction ID : 10498827

Amount of Each Receipt this Period
250.00

Memo Item

C. Lieberman, Isador, H, , MD, MBA, F

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

Mailing Address 6020 W Parker Rd, Ste 200

City Plano	State TX	Zip Code 75093
---------------	-------------	-------------------

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

Name of Employer (for Individual) Texas Back 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
02		13		2020

Transaction ID : 10498828

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 150 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 62902-7523
 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 **02 / 13 / 2020**
Transaction ID : 10498829
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Moore, James, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 Hampton Rd Unit 14
 City Southampton State NY Zip Code 11968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southampton Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 13 / 2020**
Transaction ID : 10498831
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ruotolo, Charles, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Signal Ct
 City Dix Hills State NY Zip Code 11746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Total Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 13 / 2020**
Transaction ID : 10498832
 Amount of Each Receipt this Period 300.00
 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 151 OF 300
	<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. Sedaros, Robert, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 874 Oak Park Dr
 City Melbourne State FL Zip Code 32940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Space Coast Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2020
Transaction ID : 10498833
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Shea, Kevin, G, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Pasteur Drive Edwards Bldg R105 MC 5341
 City Stanford State CA Zip Code 94305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Luke's Clinic - 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
 02 / 13 / 2020
Transaction ID : 10498834
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Festa, Anthony, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 Laurel Hill Rd
 City Mountain Lakes State NJ Zip Code 07046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Jersey Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2020
Transaction ID : 10498835
 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 152 OF 300		
	<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. Hopkins, Mark, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12208 NE 245th Court

City Brush Prairie	State WA	Zip Code 98606
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2020
Transaction ID : 10498851

Amount of Each Receipt this Period
1000.00

Memo Item

B. Tosi, Laura, Lowe, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3729 Harrison St NW

City Washington	State DC	Zip Code 20015
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2020
Transaction ID : 10498852

Amount of Each Receipt this Period
1000.00

Memo Item

C. Fellars, Todd, A, , MD, MBA, P
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18715 Bernardo Trails Dr

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2020
Transaction ID : 10498968

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 153 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Melvin, James, Stuart, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2908 45th St NW
 City Washington State DC Zip Code 20016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoVirginia Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2020
Transaction ID : 10498969
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Berg, Troy, L, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3720 Glen Crest Ct
 City Eau Claire State WI Zip Code 54701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OakLeaf Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2020
Transaction ID : 10498970
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Guevara, Benjamin, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 280 Remington Dr
 City Mandeville State LA Zip Code 70448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Health Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2020
Transaction ID : 10498971
 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 154 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Page, Alexandra, Elizabeth, , MD,FAAOS

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

Mailing Address 15937 Hopper Lane

City San Diego	State CA	Zip Code 92127
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Southern California Permanente Medical	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2020

Transaction ID : 10498973

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

Mailing Address 1382 Waterways Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2020

Transaction ID : 10498975

Amount of Each Receipt this Period
250.00

Memo Item

C. Forman, Scott, K, , 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
02	/	16	/	2020

Transaction ID : 10498977

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 155 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Farjo, Laith, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1808 Hermitage
 City Ann Arbor State MI Zip Code 48104
 FEC ID number of contributing federal political 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 02 / 16 / 2020
Transaction ID : 10498980
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Jana, Ajoy, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17259 Valley Drive
 City Omaha State NE Zip Code 68130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Physicians Clinic Orthopedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 16 / 2020
Transaction ID : 10498984
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Vittetoe, David, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24761 Timber Hills Ln
 City Adel State IA Zip Code 50003-8421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Des Moines Orthopaedic Surgeons PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 14 / 2020
Transaction ID : 10499865
 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 156 OF 300
	<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. Capozzi, James, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Meadow Lane
 City East Williston State NY Zip Code 11596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Winthrop Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2020
Transaction ID : 10499868
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Larson, James, Wesley, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 St Andrews Ct
 City Winchester State VA Zip Code 22602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bone and Joint Specialists of Winchest Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2020
Transaction ID : 10499872
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Wolanin, Andre, F, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1235 Homestead Creek Drive
 City Broadview Heights State OH Zip Code 44147-2579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Orthopaedics Inc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2020
Transaction ID : 10499873
 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 157 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Goldman, Ariel, , MD, FAAOS

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

Mailing Address 126 Tara Drive

City Roslyn	State NY	Zip Code 11576
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		14		2020

Transaction ID : 10499874

Amount of Each Receipt this Period
1000.00

Memo Item

B. Diekmann, Glenn, R, , MD, FAAOS

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

Mailing Address 2453 Del Prado

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2020

Transaction ID : 10499912

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 ▼
84.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2020

Transaction ID : 10499917

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 158 OF 300
	<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. Abdelshahed, Mina, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 565 Avenue E
 City Bayonne State NJ Zip Code 07002-3917
 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 ▼ 250.00

Date of Receipt 02 / 07 / 2020
Transaction ID : 10499918
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Elzaim, Haissam, S, , MD, FAOS
 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 02 / 10 / 2020
Transaction ID : 10499922
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Schneider, James, Michael, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Vischer Ferry Rd
 City Rexford State NY Zip Code 12148
 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 02 / 11 / 2020
Transaction ID : 10499941
 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 159 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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) Occupation (for Individual)
 Stanford Medicine Outpatient Center Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2020
Transaction ID : 10499943
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Caucci, David, J, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Stoney Creek Road
 City South Abington Township State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Wayne Memorial Healthcare System Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2020
Transaction ID : 10499955
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Jacobson, William, Charles, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31370 Ashworth Rd
 City Waukee State IA Zip Code 50263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Capital Ortho & Sports Medicine Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2020
Transaction ID : 10500430
 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 160 OF 300
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 66 Colonel Daniels Dr

City Bedford	State NH	Zip Code 03110-5010
-----------------	-------------	------------------------

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

Name of Employer (for Individual) 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
02	/	18	/	2020

Transaction ID : 10503045

Amount of Each Receipt this Period
1000.00

Memo Item

B. Slough, James, A, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 236 Rivermist Drive

City Buffalo	State NY	Zip Code 14202
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2020

Transaction ID : 10504962

Amount of Each Receipt this Period
1000.00

Memo Item

C. Van Meter, Jerry, W, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 2356781

City Honolulu	State HI	Zip Code 96823
------------------	-------------	-------------------

FEC ID number of contributing federal political 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
02	/	20	/	2020

Transaction ID : 10507177

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 161 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stronach, Benjamin, M, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 Antlers Ln

City Madison	State MS	Zip Code 39110
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Univ of Mississippi Hlth Ctr	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2020

Transaction ID : 10507311

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 4900 Deer View Rd NE

City Cedar Rapids	State IA	Zip Code 52411
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Elmendorf 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
02		22		2020

Transaction ID : 10507613

Amount of Each Receipt this Period
250.00

Memo Item

c. Hebert-Davies, Jonah, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 924 30th Ave S

City Seattle	State WA	Zip Code 98144-3220
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Harborview 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
02		22		2020

Transaction ID : 10507614

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 162 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hunt, Stephen, Austin, , MD, FAAOS

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

Mailing Address 7 Pheasant Run Dr

City Basking Ridge	State NJ	Zip Code 07920
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2020

Transaction ID : 10507619

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Mailing Address 9400 Cunningham Rd

City Cincinnati	State OH	Zip Code 45243
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Mercy Health-Cincinnati Sportsmedicine	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2020

Transaction ID : 10507621

Amount of Each Receipt this Period
1000.00

Memo Item

C. Younger, Terry, , , MD,FAAOS

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

Mailing Address 78 Otis Rd.

City Barrington	State IL	Zip Code 60010
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Swedish Covenant Medical Group	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2020

Transaction ID : 10507623

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 163 OF 300
<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. Williams, Gerald, R, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 859 Lesley Rd
 City Villanova State PA Zip Code 19085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Orthopaedic Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 24 / 2020
Transaction ID : 10507630
 Amount of Each Receipt this Period 1000.00
 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 ▼ 250.00

Date of Receipt 02 / 24 / 2020
Transaction ID : 10507632
 Amount of Each Receipt this Period 250.00
 Memo Item

C. McNeil, Stephen, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Hunter Ln
 City Canton State MA Zip Code 02021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McNeil Orthopedics, Inc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 24 / 2020
Transaction ID : 10508395
 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 164 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stanwood, Walter, , MD, FAAOS

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

Mailing Address 95 Tremont St
Ste 1

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2020

Transaction ID : 10508572

Amount of Each Receipt this Period
500.00

Memo Item

B. Wathne, Richard, , MD, FAAOS

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

Mailing Address 2240 E Center St

City Pocatello	State ID	Zip Code 83201-3358
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Pocatello 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
02	/	21	/	2020

Transaction ID : 10508616

Amount of Each Receipt this Period
500.00

Memo Item

C. Fleske, Leonard, Thomas, , MD, FAAOS

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

Mailing Address Central Kansas Orthopedic Group
1514 K-96 Hwy

City Great Bend	State KS	Zip Code 67530
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Central KS 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
02	/	21	/	2020

Transaction ID : 10508617

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 165 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jafarnia, Kouros, Korsh, , MD,FAAOS

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

Mailing Address 617 Little John

City Houston	State TX	Zip Code 77024
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2020

Transaction ID : 10508619

Amount of Each Receipt this Period
500.00

Memo Item

B. Achleitner, Oliver, , , MD, FAAOS

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

Mailing Address 535 Paredes Line Rd

City Brownsville	State TX	Zip Code 78521
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2020

Transaction ID : 10508827

Amount of Each Receipt this Period
500.00

Memo Item

C. Breien, Kristoffer, Meyers, , MD, FAAOS

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

Mailing Address 10977 57th St N

City Lake Elmo	State MN	Zip Code 55042-9697
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2020

Transaction ID : 10508828

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 166 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Greenfield, Gerald, Q, , Jr, MD, FA

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

Mailing Address 12 Remington Run

City San Antonio	State TX	Zip Code 78258-7707
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2020

Transaction ID : 10508829

Amount of Each Receipt this Period
500.00

Memo Item

B. 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) 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
02		21		2020

Transaction ID : 10508833

Amount of Each Receipt this Period
1000.00

Memo Item

C. Chang, Jonathan, L, , MD,FAAOS

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

Mailing Address 1456 Oak Crest Ave

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

FEC ID number of contributing federal political 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
02		21		2020

Transaction ID : 10508834

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 167 OF 300
	<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. Alexiades, Michael, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 523 E 72nd St 7th Fl
 City Manhattan State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2020
Transaction ID : 10508853
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. McClelland, Walter, B, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3531 Nancy Creek Road
 City Atlanta State GA Zip Code 30327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Peachtree Orthopaedic Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2020
Transaction ID : 10508859
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Pike, Gregg, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 Flood Road
 City Great Falls State MT Zip Code 59404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Great Falls Clinic Medical Center Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2020
Transaction ID : 10508862
 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 168 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Cannon, David, L, , MD,MBA,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2639 Fox Hill Circle East
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 02 / 21 / 2020
Transaction ID : 10508888
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Alley, R, Maxwell, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1367 Washington Ave Ste 200
 City Albany State NY Zip Code 12206-1043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 21 / 2020
Transaction ID : 10510136
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Wolfe, Joel, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6645 Forest Beach Dr
 City Holland State MI Zip Code 49423-8993
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shoreline Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2020
Transaction ID : 10510137
 Amount of Each Receipt this Period 250.00
 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 169 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Osborn, Keith, D, , MD, FAAOS

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

Mailing Address 405 Higgins Rd

City Eastham	State MA	Zip Code 02642-1471
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Resurgens Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2020

Transaction ID : 10510139

Amount of Each Receipt this Period
250.00

Memo Item

B. 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 60010-9593
--------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2020

Transaction ID : 10510146

Amount of Each Receipt this Period
500.00

Memo Item

C. Vena, Vincent, E, , MD, FAAOS

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

Mailing Address 528 Waterfall Drive

City Johnstown	State PA	Zip Code 15906
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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
02		21		2020

Transaction ID : 10510148

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 170 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cain, E, Lyle, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 St Vincent's Dr Ste 100
 City Birmingham State AL Zip Code 35205
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Andrews Sprts Med & Ortho Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 21 / 2020
Transaction ID : 10510150
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Rivero, Dennis, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8177 S Harvard St #533
 City Tulsa State OK Zip Code 74137
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Muskogee Surgical Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2020
Transaction ID : 10510154
 Amount of Each Receipt this Period 250.00
 Memo Item

C. 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 02 / 21 / 2020
Transaction ID : 10510155
 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 171 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Rajacich, Nicholas, , , MD,FAAOS			Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 21 / 2020 Transaction ID : 10510157		
Mailing Address 619 North I Street			Amount of Each Receipt this Period 1000.00		
City Tacoma	State WA	Zip Code 98403	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
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 ▼ 1000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Parker, James, R, , MD, FAAOS			Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 21 / 2020 Transaction ID : 10510158		
Mailing Address 11 Stoneridge Dr			Amount of Each Receipt this Period 1000.00		
City Amarillo	State TX	Zip Code 79124	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Parker Sports Medicine		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. McIntosh, Jeffrey, Brian, , MD,FAAOS			Date of Receipt M M M / D D D / Y Y Y Y Y Y 02 / 21 / 2020 Transaction ID : 10510176		
Mailing Address PO Box 83			Amount of Each Receipt this Period 500.00		
City Mount Vernon	State IL	Zip Code 62864-0001	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Neuromuscular Orthopedic 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 ▼ 500.00			

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 172 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stokel, Edward, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6505 Indian Garden Rd
 City Petoskey State MI Zip Code 49770-0616
 FEC ID number of contributing federal political 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 **02 / 26 / 2020**
Transaction ID : 10511300
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Jacofsky, David, Joseph, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8931 W Black Hill Rd
 City Peoria State AZ Zip Code 85383-3782
 FEC ID number of contributing federal political 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 **02 / 26 / 2020**
Transaction ID : 10511308
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Baker, Donald, Earl, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 Little Creek Road
 City Flowood State MS Zip Code 39232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Merit Health Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 27 / 2020**
Transaction ID : 10511310
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Summers, Ronald, Alan, , MD, FAAOS

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

Mailing Address 109 Trident Ct

City Cary	State NC	Zip Code 27518
--------------	-------------	-------------------

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

Name of Employer (for Individual) Wake 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
02	/	27	/	2020

Transaction ID : 10511311

Amount of Each Receipt this Period
1000.00

Memo Item

B. Huddleston, Paul, M, , MD,FAAOS

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

Mailing Address 31219 Lakeview Ave

City Red Wing	State MN	Zip Code 55066
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2020

Transaction ID : 10511745

Amount of Each Receipt this Period
250.00

Memo Item

C. Tracey, Robert, W, , MD,FAAOS

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

Mailing Address 1100 Walker Road

City Great Falls	State VA	Zip Code 22066
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Walter Reed National Military Medical	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2020

Transaction ID : 10511746

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 174 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Connair, Michael, P, , MD, FAAOS

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

Mailing Address 24 Old Hartford Turnpike

City Hamden	State CT	Zip Code 06517
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		28		2020

Transaction ID : 10511747

Amount of Each Receipt this Period
250.00

Memo Item

B. Smith, C, Daniel, , DO, FAAOS

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

Mailing Address 2501 Gene Field Rd

City Saint Joseph	State MO	Zip Code 64506-1613
----------------------	-------------	------------------------

FEC ID number of contributing federal political 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
02		28		2020

Transaction ID : 10511798

Amount of Each Receipt this Period
1000.00

Memo Item

C. Jacobs-EI, Jamil, , , MD,FAAOS

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) Dreyer Medical Clinic	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		28		2020

Transaction ID : 10511799

Amount of Each Receipt this Period
1100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2350.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Helper, Stephen, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6155 Penfield Lane
 City Solon State OH Zip Code 44139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 02 / 28 / 2020
Transaction ID : 10511800
 Amount of Each Receipt this Period 400.00
 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 02 / 28 / 2020
Transaction ID : 10511801
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Santos, Erick, Manuel, , MD,PhD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2638 Debra Ln
 City Corpus Christi State TX Zip Code 78418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) South Central TX Bone & Joint Center, Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 29 / 2020
Transaction ID : 10511824
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cassidy, Carter, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4890 Faulkirk Lane
 City Lexington State KY Zip Code 40515-1177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Res Program Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 01 / 2020
Transaction ID : 10511828
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Ellis, Henry, Bone, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2945 Stanford Ave
 City Dallas State TX Zip Code 75225-7802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 01 / 2020
Transaction ID : 10511829
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Kwong, Louis, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Box 422
 1000 W Carson St
 City Torrance State CA Zip Code 90509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2020
Transaction ID : 10511843
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1080 Whites Creek Ln

City Reno	State NV	Zip Code 89511-8171
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2020

Transaction ID : 10511844

Amount of Each Receipt this Period
84.00

Memo Item

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2020

Transaction ID : 10511845

Amount of Each Receipt this Period
250.00

Memo Item

c. Dhillon, Manjit, S, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12602 Nightingale Drive

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2020

Transaction ID : 10511846

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 178 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5511 Shooting Star Trail

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2020

Transaction ID : 10519592

Amount of Each Receipt this Period
84.00

Memo Item

B. Guthrie, Stuart, Trent, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 417 Dubuar St

City Northville	State MI	Zip Code 48167-1417
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2020

Transaction ID : 10520592

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address PO Box 1657

City Sun Valley	State ID	Zip Code 83353-1657
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2020

Transaction ID : 10520611

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 179 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 633 Crescent Hills Way

City Lakeland	State FL	Zip Code 33813-4675
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10520615

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 10 Crescent Ave

City Scituate	State MA	Zip Code 02066
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10520616

Amount of Each Receipt this Period
250.00

Memo Item

C. Garroway, Robert, Y, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 309 Heather Ln

City Hewlett Harbor	State NY	Zip Code 11557
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Orlin and Cohen Ortho Assoc	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521236

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 180 OF 300
	<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. Acampa, John, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Bayberry Rd W
 City Islip State NY Zip Code 11751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : 10521238
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Conklin, Mark, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1702 Sand Lily Dr
 City Golden State CO Zip Code 80401
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : 10521467
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Agarwala, Amit, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 Golden Ridge Rd Suite 250
 City Golden State CO Zip Code 80401
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : 10521468
 Amount of Each Receipt this Period
 500.00
 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 181 OF 300
<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. Deol, Premjit, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4145 Utica Street
 City Denver State CO Zip Code 80212-2248
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : 10521472
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Desai, Bharat, M, , FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7955 Spirit Ranch Rd
 City Golden State CO Zip Code 80403
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : 10521473
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Ellman, Michael, Brian, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11646 E Maplewood Ave
 City Englewood State CO Zip Code 80111-5826
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : 10521474
 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 182 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Foran, Jared, R H, , MD, FAAOS

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

Mailing Address 340 Bellaire St

City Denver	State CO	Zip Code 80220-4931
----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521475

Amount of Each Receipt this Period
500.00

Memo Item

B. Foulk, Douglas, A, , MD, FAAOS

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

Mailing Address 660 Golden Ridge Road Ste 250

City Golden	State CO	Zip Code 80401
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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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521476

Amount of Each Receipt this Period
500.00

Memo Item

C. Frierwood, Thomas, G, , MD, FAAOS

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

Mailing Address 2635 Vivian St

City Lakewood	State CO	Zip Code 80215
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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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521477

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 183 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Gottlob, Charles, Adam, , MD, FAAOS

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

Mailing Address 660 Golden Ridge Rd
Ste #250

City Golden	State CO	Zip Code 80401
----------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521484

Amount of Each Receipt this Period
500.00

Memo Item

B. Johnson, James, T, , MD,FAAOS

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

Mailing Address 4901 S Franklin St

City Cherry Hills	State CO	Zip Code 80113
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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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521488

Amount of Each Receipt this Period
500.00

Memo Item

C. Knight, Karen, H, , MD

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

Mailing Address 660 Golden Ridge Road
Ste 250

City Golden	State CO	Zip Code 80401-9541
----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521489

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 184 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 24688 Foothill Dr North

City Golden	State CO	Zip Code 80401
----------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521490

Amount of Each Receipt this Period
500.00

Memo Item

B. Lehman, Timothy, James, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7050 S Polo Ridge Dr

City Littleton	State CO	Zip Code 80128
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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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521491

Amount of Each Receipt this Period
500.00

Memo Item

C. Loutzenhiser, Lonnie, E, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2591 S Columbine St

City Denver	State CO	Zip Code 80210
----------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521492

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 185 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. McNair, Patrick, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10363 Carriage Club Drive
 City Lone Tree State CO Zip Code 80124
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : 10521493
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Mills, Mark, F, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67 West Ranch Trail
 City Morrison State CO Zip Code 80465
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : 10521494
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Patel, Nimesh, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 570 Eagle Nest Ct
 City Golden State CO Zip Code 80401
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : 10521495
 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 186 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Peace, William, Joseph, , MD, FAAOS

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

Mailing Address 18968 W 54th Ln

City Golden	State CO	Zip Code 80403-2182
----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521496

Amount of Each Receipt this Period
500.00

Memo Item

B. Puschak, Thomas, Joseph, , MD, FAAOS

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

Mailing Address 5275 Dunraven Circle

City Golden	State CO	Zip Code 80403
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Panorama Orthopedics & Spine Center	Occupation (for Individual) Orthopaedic Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521497

Amount of Each Receipt this Period
500.00

Memo Item

C. Robinson, Mitchel, S, , MD, FAAOS

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

Mailing Address 660 Golden Ridge Road
Suite 250

City Golden	State CO	Zip Code 80401
----------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521498

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 187 OF 300
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 711 Skywalker Point

City Lafayette	State CO	Zip Code 80026
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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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521499

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 660 Golden Ridge Rd, Ste 250

City Golden	State CO	Zip Code 80401-9541
----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521500

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 7214 S Chase Way

City Littleton	State CO	Zip Code 80128
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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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521501

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 188 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wong, Douglas, Cabot, , MD, FAAOS

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

Mailing Address 23769 Shooting Star Dr

City Golden	State CO	Zip Code 80401
----------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521502

Amount of Each Receipt this Period
500.00

Memo Item

B. Drewek, Michael, , , MD

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

Mailing Address 660 Golden Ridge Rd Ste 250

City Golden	State CO	Zip Code 80401-9541
----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521503

Amount of Each Receipt this Period
500.00

Memo Item

C. Froelich, John, Marshal, , MD, FAAOS

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

Mailing Address 831 Uinta Way

City Denver	State CO	Zip Code 80230-6824
----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521504

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 189 OF 300
<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. Horner, Michael, , DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 660 Golden Ridge Rd
Ste 250

City Golden State CO Zip Code 80401-9541

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
MM / DD / YYYY
03 / 04 / 2020

Transaction ID : 10521508

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2538 W 36th Ave

City Denver State CO Zip Code 80211-2849

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
MM / DD / YYYY
03 / 04 / 2020

Transaction ID : 10521509

Amount of Each Receipt this Period
500.00

Memo Item

c. Murken, Roger, E, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 660 Golden Ridge Rd
Ste 250

City Golden State CO Zip Code 80401

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
MM / DD / YYYY
03 / 04 / 2020

Transaction ID : 10521510

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 190 OF 300
	<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. Rowland, Edmund, B, , Jr, MD, FA

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

Mailing Address 265 Skyhill Dr

City Evergreen	State CO	Zip Code 80439-3797
-------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521511

Amount of Each Receipt this Period
500.00

Memo Item

B. Vanderheiden, Todd, Frederick, , MD, FAAOS

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

Mailing Address 841 S Race St

City Denver	State CO	Zip Code 80209-4608
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521512

Amount of Each Receipt this Period
500.00

Memo Item

C. Kinder, Jeremy, Ron, , MD, FAAOS

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

Mailing Address 8709 Stoll Place

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

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

Name of Employer (for Individual) Colorado Limb Consultants	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2020

Transaction ID : 10521513

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 191 OF 300
<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. Mejia, Hector, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4920 E Progress Ct
 City Greenwood Village State CO Zip Code 80121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tallahassee Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 04 / 2020
Transaction ID : 10521514
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Rentz, Darin, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 Diamond Ridge Parkway
 City Castle Rock State CO Zip Code 80108
 FEC ID number of contributing federal political 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 03 / 04 / 2020
Transaction ID : 10521515
 Amount of Each Receipt this Period 500.00
 Memo Item

C. 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 ▼ 250.00

Date of Receipt 03 / 05 / 2020
Transaction ID : 10534446
 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 192 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 789 N 1500 Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2020

Transaction ID : 10534447

Amount of Each Receipt this Period
200.00

Memo Item

B. Rathjen, Karl, E, , MD,FAAOS

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

Mailing Address Dept of Orthopaedics
2222 Welborn St

City Dallas	State TX	Zip Code 75219-3993
----------------	-------------	------------------------

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

Name of Employer (for Individual) Texas Scottish Rite Hosp	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2020

Transaction ID : 10534449

Amount of Each Receipt this Period
1000.00

Memo Item

C. Farber, Daniel, C, , MD,FAAOS

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

Mailing Address 300 Fairhill Rd

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2020

Transaction ID : 10534715

Amount of Each Receipt this Period
250.00

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 193 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Early, John, S, , MD,FAAOS

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

Mailing Address 8210 Walnut Hill Ln
Ste 130

City Dallas State TX Zip Code 75231

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2020

Transaction ID : 10534716

Amount of Each Receipt this Period 250.00

Memo Item

B. Bear, Brian, Jeffrey, , MD, FAAOS

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

Mailing Address 324 Roxbury Rd

City Rockford State IL Zip Code 61107

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2020

Transaction ID : 10534717

Amount of Each Receipt this Period 250.00

Memo Item

C. Justice, Benjamin, Jay, , MD,FAAOS

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

Mailing Address 4676 Pascagoula Run

City Greenwood State IN Zip Code 46143

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 ▼ 250.00

Date of Receipt 03 / 06 / 2020

Transaction ID : 10534718

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 194 OF 300
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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. Pierce, Troy, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4012 Edgewater PI SE
 City Mandan State ND Zip Code 58554
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) The Bone & Joint Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 06 / 2020
Transaction ID : 10534719
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Higgins, Jason, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Estate Dr
 City Thibodaux State LA Zip Code 70301
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Orthopaedic Sports Specialists of Loui Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 04 / 2020
Transaction ID : 10535345
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Feder, Keith, S, , Sr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 Rosecrans Ave Ste 208
 City Manhattan Beach State CA Zip Code 90266-2470
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 04 / 2020
Transaction ID : 10535346
 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 195 OF 300
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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. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : 10535347
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Fitzgerald, Michael, G, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 E Lake St
 City Skaneateles State NY Zip Code 13152-1306
 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
 03 / 04 / 2020
Transaction ID : 10535348
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Wong, Rodney, Z, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 763 Altos Oaks Dr Ste 1
 City Los Altos State CA Zip Code 94024-5400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : 10535360
 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 196 OF 300
<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. Kindsfater, Kirk, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16285 CR 76

City Eaton	State CO	Zip Code 80615
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : 10535361

Amount of Each Receipt this Period
500.00

Memo Item

B. Samuelson, Thomas, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12101 Catalina St

City Leawood	State KS	Zip Code 66209
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Signature Medical Group of KC	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : 10535363

Amount of Each Receipt this Period
375.00

Memo Item

C. Johnson, Wayne, Anthony, , MD, FAAOS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8212 NW Stonebridge Court

City Lawton	State OK	Zip Code 73505
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : 10535365

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1875.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 300
<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. 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) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 06 / 2020**
Transaction ID : 10535377
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Green, Daniel, William, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00

Date of Receipt **03 / 07 / 2020**
Transaction ID : 10535404
 Amount of Each Receipt this Period 175.00
 Memo Item

C. Milam, R, Alden, , IV, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3320 Selwyn Ave
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Spine Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 07 / 2020**
Transaction ID : 10535408
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1425.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 438 Oliver Street
 City Chattanooga State TN Zip Code 37405-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 07 / 2020
Transaction ID : 10535409
 Amount of Each Receipt this Period 84.00
 Memo Item

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

Date of Receipt 03 / 07 / 2020
Transaction ID : 10535410
 Amount of Each Receipt this Period 500.00
 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 ▼ 250.00

Date of Receipt 03 / 07 / 2020
Transaction ID : 10535411
 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 199 OF 300
<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
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2020

Transaction ID : 10535412

Amount of Each Receipt this Period
250.00

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

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2020

Transaction ID : 10535413

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 23435-3518
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Tidewater Orthopaedic Assoc	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2020

Transaction ID : 10535414

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 300
<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. Szczech, Bartlomiej, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Intervale Way
 City Lake Placid State NY Zip Code 12946-3240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Joseph's Hospital Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2020
Transaction ID : 10535415
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Kennedy, E, Jeff, , MD,FAOS
 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 ▼ 250.00

Date of Receipt 03 / 08 / 2020
Transaction ID : 10535416
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mejia, Alfonso, , , MD,MPH,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5332 South Shore Drive
 City Chicago State IL Zip Code 60615-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illinois Association of Orthopedic Sur Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 08 / 2020
Transaction ID : 10535417
 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 201 OF 300
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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 Rd

City Riverside	State CT	Zip Code 06878-2403
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2020

Transaction ID : 10535420

Amount of Each Receipt this Period
84.00

Memo Item

B. Durham, Alfred, Ainsley, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2954 Lockridge Rd

City Roanoke	State VA	Zip Code 24014
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Lewis Gale Physicians	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
03		06		2020

Transaction ID : 10536173

Amount of Each Receipt this Period
550.00

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

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2020

Transaction ID : 10536174

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	884.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 03 / 06 / 2020
Transaction ID : 10536175
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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 250.00

Date of Receipt 03 / 06 / 2020
Transaction ID : 10536176
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bernard, Johnathan, , , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13350 Franklin Farm Road Suite 220
 City Herndon State VA Zip Code 20171-4095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Sports Medicine Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 252.00

Date of Receipt 03 / 10 / 2020
Transaction ID : 10536232
 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 203 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bushnell, Brandon, Dubose, , MD, MBA, F
 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 30161-2194
 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 ▼ 252.00

Date of Receipt 03 / 10 / 2020
Transaction ID : 10536233
 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 2900 Hannah Blvd Ste 212
 City East Lansing State MI Zip Code 48823-5382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 10 / 2020
Transaction ID : 10536234
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Murphy, Brian, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3803 Highknob Circle
 City Naperville State IL Zip Code 60564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) M & M Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 10 / 2020
Transaction ID : 10536376
 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 204 OF 300
<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. Reynolds, Kirk, Allen, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11901 Fairway Dr

City Little Rock	State AR	Zip Code 72212-3424
---------------------	-------------	------------------------

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 ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2020

Transaction ID : 10536378

Amount of Each Receipt this Period
84.00

Memo Item

B. Woodruff, Robert, James, , MD, FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6828 Prestwick Rd

City Rapid City	State SD	Zip Code 57702-9562
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Black Hills Orthopaedics and Spine Cen	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2020

Transaction ID : 10536379

Amount of Each Receipt this Period
500.00

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 95355-3192
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2020

Transaction ID : 10536380

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 205 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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
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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 ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2020

Transaction ID : 10536381

Amount of Each Receipt this Period
84.00

Memo Item

B. Glassman, Andrew, H, , MD,FAAOS

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

Mailing Address 126 North Drexel Avenue

City Columbus	State OH	Zip Code 43209-1427
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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

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2020

Transaction ID : 10536382

Amount of Each Receipt this Period
84.00

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

Name of Employer (for Individual) Active Orthopedics and Sports Medicine	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2020

Transaction ID : 10536383

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 206 OF 300
<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. 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2020
Transaction ID : 10539465
 Amount of Each Receipt this Period 84.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2020
Transaction ID : 10539466
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Bries, Andrew, David, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3126 Westminster Rd
 City Bettendorf State IA Zip Code 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2020
Transaction ID : 10539467
 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 207 OF 300
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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. Krueger, Chad, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Charles Dr
 City Havertown State PA Zip Code 19083-1031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 13 / 2020
Transaction ID : 10541755
 Amount of Each Receipt this Period 84.00
 Memo Item

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

Date of Receipt 03 / 13 / 2020
Transaction ID : 10541756
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Gallant, Gregory, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3588 Wellsford Lane
 City Doylestown State PA Zip Code 18902-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 13 / 2020
Transaction ID : 10541757
 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 208 OF 300
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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. 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
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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
03		06		2020

Transaction ID : 10541858

Amount of Each Receipt this Period
250.00

Memo Item

B. Rodriguez, Ramon, Francisco, , MD, FAAOS

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

Mailing Address 106 Lark St

City New Orleans	State LA	Zip Code 70124-4521
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2020

Transaction ID : 10541859

Amount of Each Receipt this Period
250.00

Memo Item

c. Gallagher, Daniel, J, , MD, FAAOS

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

Mailing Address 4633 Wichers Dr Ste 100

City Marrero	State LA	Zip Code 70072-3096
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bone Joint 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
03		06		2020

Transaction ID : 10541860

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 209 OF 300
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Randell, Timothy, Ryan, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 J D Pt
 City Boyce State LA Zip Code 71409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Louisiana Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2020
Transaction ID : 10541861
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Bankston, Larry, S, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2861 E Lakeshore Dr
 City Baton Rouge State LA Zip Code 70808-2180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 06 / 2020
Transaction ID : 10541862
 Amount of Each Receipt this Period 1000.00
 Memo Item

c. Garon, Mark, Tyson, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1165 Belvedere Dr
 City Baton Rouge State LA Zip Code 70808-8602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BJCBR Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 06 / 2020
Transaction ID : 10541863
 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 210 OF 300
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

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

Mailing Address 6666 Pikes Lane

City Baton Rouge	State LA	Zip Code 70808
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2020

Transaction ID : 10541864

Amount of Each Receipt this Period
1000.00

Memo Item

B. Massey, Patrick, Allan, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1501 Kings Highway
PO Box 33932

City Shreveport	State LA	Zip Code 71103-4228
--------------------	-------------	------------------------

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

Name of Employer (for Individual) The 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
03		06		2020

Transaction ID : 10541866

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 2405 Chester St

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) Ochsner Medical Center	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2020

Transaction ID : 10541867

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 211 OF 300
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Courtney, Paul, Maxwell, , MD
 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 ▼ 252.00

Date of Receipt 03 / 14 / 2020
Transaction ID : 10542402
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Moore, Don, K, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5505 Thornbrook Pkwy
 City Columbia State MO Zip Code 65203-9060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2020
Transaction ID : 10542404
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hussain, Suleman, M, , MD, FAOS
 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 ▼ 252.00

Date of Receipt 03 / 16 / 2020
Transaction ID : 10542406
 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 212 OF 300
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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. 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) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2020
Transaction ID : 10542407
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Bilbrew, Lattisha, Latoya, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1710 Mountain Shadow
 City Stone Mountain State GA Zip Code 30087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2020
Transaction ID : 10542408
 Amount of Each Receipt this Period
 84.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2020
Transaction ID : 10545867
 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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 ▼ 250.00

Date of Receipt 03 / 18 / 2020
Transaction ID : 10546457
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Shah, Roshan, P, , MD,JD,FAAO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 West 110th Street Apt 3E
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia University Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 19 / 2020
Transaction ID : 10549755
 Amount of Each Receipt this Period 84.00
 Memo Item

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

Date of Receipt 03 / 19 / 2020
Transaction ID : 10549756
 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 214 OF 300
	<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. 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 ▼ 250.00

Date of Receipt 03 / 19 / 2020
Transaction ID : 10549757
 Amount of Each Receipt this Period 250.00
 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 ▼ 252.00

Date of Receipt 03 / 19 / 2020
Transaction ID : 10549758
 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 ▼ 252.00

Date of Receipt 03 / 19 / 2020
Transaction ID : 10549759
 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 215 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

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 ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2020

Transaction ID : 10549762

Amount of Each Receipt this Period
84.00

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

Transaction ID : 10550465

Amount of Each Receipt this Period
100.00

Memo Item

C. Bozic, Kevin, John, , MD,MBA,FAA

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

Mailing Address 4360 River Garden Trail

City Austin	State TX	Zip Code 78746
----------------	-------------	-------------------

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

Name of Employer (for Individual) The University of Texas At Austin	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

Transaction ID : 10550467

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 216 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Steinmann, John, C, , DO, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1517 W Cypress Ave

City Redlands	State CA	Zip Code 92372
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

Transaction ID : 10550469

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 725 Stonegate Rd

City Libertyville	State IL	Zip Code 60048-1855
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

Transaction ID : 10550470

Amount of Each Receipt this Period
500.00

Memo Item

C. Cannon, David, L, , MD,MBA,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2639 Fox Hill Circle East

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

Transaction ID : 10550485

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 217 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. McBride, G, Grady, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1530 Palmer Ave
 City Winter Park State FL Zip Code 32789-2751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2020
Transaction ID : 10550538
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Reuss, Bryan, Lee, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 476 Sylvan Dr
 City Winter Park State FL Zip Code 32789-3975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2020
Transaction ID : 10550539
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Jones, Craig, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1345 Spring Lake Dr
 City Orlando State FL Zip Code 32804
 FEC ID number of contributing federal political 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 03 / 13 / 2020
Transaction ID : 10550540
 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 218 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Halperin, Lawrence, S, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 Spring Valley Ln
 City Altamonte Springs State FL Zip Code 32714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2020
Transaction ID : 10550541
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Burkhart, Bradd, , , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 Legion Dr
 City Winter Park State FL Zip Code 32789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2020
Transaction ID : 10550542
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Bonenberger, Eric, Gunn, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8994 Hubbard Place
 City Orlando State FL Zip Code 32819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2020
Transaction ID : 10550543
 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 219 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Weber, Steven, , DO, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 West Crystal Lake St
 Ste 200
 City Orlando State FL Zip Code 32806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2020
Transaction ID : 10550544
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Blick, Samuel, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8707 Southern Breeze Dr
 City Orlando State FL Zip Code 32836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2020
Transaction ID : 10550545
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Schwartzberg, Randy, Steven, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Arrowhead Court
 City Winter Springs State FL Zip Code 32708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2020
Transaction ID : 10550546
 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 220 OF 300
	<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. Goll, Stephen, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 E New England Ave
 Unit 4
 City Winter Park State FL Zip Code 32789-4477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2020
Transaction ID : 10550547
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. VanDyke, Travis, Boyd, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 Baxter Street
 City Orlando State FL Zip Code 32806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Orlando Orthopaedic 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
 03 / 13 / 2020
Transaction ID : 10550548
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. 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) Occupation (for Individual)
 Orthopedic Associates of Dutchess Coun Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2020
Transaction ID : 10550900
 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 221 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Brown, Barrett, Shytle, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Fondren Orthopedic Group
 7401 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2020
Transaction ID : 10550902
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Olson, Craig, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Eagle Ridge Court
 City Manitowoc State WI Zip Code 54220-8625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2020
Transaction ID : 10550903
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Gombera, Mufaddal, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 Hunters Trail
 City Houston State TX Zip Code 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2020
Transaction ID : 10550904
 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 222 OF 300
<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. German, David, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6300 Lake Shore Dr
 City Erie State PA Zip Code 16505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Vincent Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 12 / 2020**
Transaction ID : 10551089
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Fakharzadeh, Frederick, F, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 829 Ellis Place
 City Oradell State NJ Zip Code 07649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 18 / 2020**
Transaction ID : 10551098
 Amount of Each Receipt this Period 250.00
 Memo Item

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

Date of Receipt **03 / 17 / 2020**
Transaction ID : 10551106
 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 223 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Barton, R, Shane, , MD,FAORTHA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Cliffwood Pl
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political 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 03 / 17 / 2020
Transaction ID : 10551107
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Zingas, Christopher, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23829 Little Mack Ste 100
 City Saint Clair Shores State MI Zip Code 48080
 FEC ID number of contributing federal political 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 03 / 17 / 2020
Transaction ID : 10551108
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Gustke, Kenneth, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Aleta Drive
 City Belleair Beach State FL Zip Code 33786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Florida Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 17 / 2020
Transaction ID : 10551118
 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 224 OF 300
<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. Allen, William, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1430 My Drive
 City Zanesville State OH Zip Code 43701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Assoc of Zanesville Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2020
Transaction ID : 10551119
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Darr, Kevin, F, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71617 Riverside Dr
 City Covington State LA Zip Code 70433
 FEC ID number of contributing federal political 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 03 / 17 / 2020
Transaction ID : 10551122
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hale, Steven, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 River Ln
 City Lake Charles State LA Zip Code 70605-7711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Imperial Health Center For Orthopaedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2020
Transaction ID : 10551123
 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 225 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Stetson, William, B, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Strawberry Ln
 City Rolling Hills Estate State CA Zip Code 90274-4111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2020
Transaction ID : 10551124
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Perry, Richard, T, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23829 Little Mack Ste 100
 City Saint Clair Shores State MI Zip Code 48080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Clair Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2020
Transaction ID : 10551125
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Gramstad, Gregory, D, , MD, FAOS
 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 ▼ 1250.00

Date of Receipt 03 / 02 / 2020
Transaction ID : 10551136
 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 226 OF 300
	<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. Epps, Howard, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1936 Wroxtton Road
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2020
Transaction ID : 10551137
 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 8008 Frost St Suite 403
 City San Diego State CA Zip Code 92123-4209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hand Center of San Antonio Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2020
Transaction ID : 10551142
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Blotter, Robert, H, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1414 W Fair Ave Ste 190
 City Marquette State MI Zip Code 49855-2693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Center of Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2020
Transaction ID : 10551143
 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 227 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1215 21st Avenue South
 Suite 4200
 City Nashville State TN Zip Code 37232-8774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Univ-Vanderbilt Ortho Inst Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 04 / 2020
Transaction ID : 10551144
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Ritchie, William, L, , IV, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 Louisiana Blvd
 Ste 410
 City Albuquerque State NM Zip Code 87110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2020
Transaction ID : 10551145
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Sheehan, John, P, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6621 Cuming St
 City Omaha State NE Zip Code 68132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 06 / 2020
Transaction ID : 10551146
 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 228 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 48-25 64th St

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2020

Transaction ID : 10551147

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Mailing Address 1106 Shallow Ridge Circle

City Columbia	State MO	Zip Code 65201
------------------	-------------	-------------------

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

Name of Employer (for Individual) University Missouri Orthopaedic Instit	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2020

Transaction ID : 10551148

Amount of Each Receipt this Period
250.00

Memo Item

C. Rodriguez, Ricardo, J, , MD,FAAOS

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

Mailing Address 6666 Pikes Lane

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

FEC ID number of contributing federal political 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

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2020

Transaction ID : 10551151

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 229 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2028 Dobie Lane

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

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

Name of Employer (for Individual) Capital Region Orthopaedics Bone & Joi	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2020

Transaction ID : 10551152

Amount of Each Receipt this Period
250.00

Memo Item

B. Migiori, 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 ▼
168.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2020

Transaction ID : 10551153

Amount of Each Receipt this Period
84.00

Memo Item

C. Harrison, Alicia, Karin, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1942 Humboldt Ave S

City Minneapolis	State MN	Zip Code 55403-2815
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Univ of Minnesota	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2020

Transaction ID : 10551155

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 230 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Cannada, Lisa, K, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14357 Cottage Lake Road
 City Jacksonville State FL Zip Code 32224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Florida College of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2020
Transaction ID : 10551157
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Shrock, Kevin, B, , MD,FAOS
 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) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2020
Transaction ID : 10551159
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Davis, Daniel, Edward, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Brookside Rd
 City Wallingford State PA Zip Code 19086-6208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thomas Jefferson Univ Hosp Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2020
Transaction ID : 10551160
 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 231 OF 300
<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. 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) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 12 / 2020

Transaction ID : 10551161

Amount of Each Receipt this Period 84.00

Memo Item

B. Parsley, Brian, S, , MD,FAAOS

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

Mailing Address 5420 West Loop South
Suite 2400

City Bellaire State TX Zip Code 77401

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 13 / 2020

Transaction ID : 10551162

Amount of Each Receipt this Period 84.00

Memo Item

C. Damalas, Dino, , , MBA

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

Mailing Address 9400 W Higgins Rd

City Rosemont State IL Zip Code 60018-4975

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

Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 13 / 2020

Transaction ID : 10551163

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 232 OF 300
<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. Chapman, Cary, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 860 5th Ave
 City New York State NY Zip Code 10065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 21 / 2020
Transaction ID : 10551825
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Stoeckl, Andrew, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Fairlawn Dr
 City Amherst State NY Zip Code 14226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Excelsior Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.00

Date of Receipt 03 / 21 / 2020
Transaction ID : 10551827
 Amount of Each Receipt this Period 83.00
 Memo Item

c. Sherbondy, Paul, Strawn, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 Beaumont Drive
 City State College State PA Zip Code 16801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 22 / 2020
Transaction ID : 10551828
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	251.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 ▼ 225.00

Date of Receipt 03 / 22 / 2020
Transaction ID : 10551830
 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) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 22 / 2020
Transaction ID : 10551831
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Styron, Joseph, F, , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14244 Calderdale Ln
 City Strongsville State OH Zip Code 44136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2020
Transaction ID : 10551833
 Amount of Each Receipt this Period 250.00
 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 234 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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) Hunterdon Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
03 / 23 / 2020
Transaction ID : 10551836

Amount of Each Receipt this Period
84.00

Memo Item

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

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) Washington University Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 23 / 2020
Transaction ID : 10551837

Amount of Each Receipt this Period
250.00

Memo Item

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

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

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

City Omaha State NE Zip Code 68124

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

Name of Employer (for Individual) Alegent Creighton Clinics Creighton Un Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 23 / 2020
Transaction ID : 10551838

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 235 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Brady, Drew, A, , MD, FAAOS
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
--------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2020

Transaction ID : 10551848

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 15367-2383
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Advanced Ortho & Rehab	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2020

Transaction ID : 10555389

Amount of Each Receipt this Period
84.00

Memo Item

C. Swenning, Todd, Allen, , MD, FAAOS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41970 Rancho Manana Lane

City Rancho Mirage	State CA	Zip Code 92270
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2020

Transaction ID : 10555390

Amount of Each Receipt this Period
83.33

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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bruneau, Pierre, Andre, , MD, FAAOS

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

Mailing Address 4 Tanglewood Rd

City Pleasantville	State NY	Zip Code 10570-2527
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2020

Transaction ID : 10555391

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 07920-2150
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2020

Transaction ID : 10555392

Amount of Each Receipt this Period
250.00

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

Name of Employer (for Individual) Missoula Bone and Joint	Occupation (for Individual) Orthopaedic Surgeon
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2020

Transaction ID : 10557196

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 237 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

City Cincinnati State OH Zip Code 45267-0212

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 26 / 2020
Transaction ID : 10557197

Amount of Each Receipt this Period 84.00

Memo Item

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

Mailing Address 180 Westwood Drive

City Batesville State AR Zip Code 72501-9276

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

Name of Employer (for Individual) White River Health System Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 27 / 2020
Transaction ID : 10557344

Amount of Each Receipt this Period 84.00

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

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 03 / 24 / 2020
Transaction ID : 10557597

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 238 OF 300
<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. Looby, Peter, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5021 S Old Yankton PI
 City Sioux Falls State SD Zip Code 57108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sioux Falls Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 24 / 2020
Transaction ID : 10557603
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Hagan, Hugh, J, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7215 Hollyberry Rd
 City Roanoke State VA Zip Code 24018-5525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carilion Clinic Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2020
Transaction ID : 10557611
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Gary, Joshua, Layne, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3726 Tangley Rd
 City Houston State TX Zip Code 77005-2032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 28 / 2020
Transaction ID : 10558213
 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 239 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 18015-5003
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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
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2020

Transaction ID : 10558214

Amount of Each Receipt this Period
84.00

Memo Item

B. Torres, Daniel, , , MD

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

Mailing Address 1488 Shelburne Ct

City Allentown	State PA	Zip Code 18104-1949
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Texas Med Branch	Occupation (for Individual) Orthopaedic Surgeon
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2020

Transaction ID : 10558215

Amount of Each Receipt this Period
85.00

Memo Item

C. Razi, Afshin, , , MD,FAAOS

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

Mailing Address 2 Dogwood Rd

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2020

Transaction ID : 10558216

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 240 OF 300
<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. Chandler, David, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Middle Plantation Ln
 City Gulf Breeze State FL Zip Code 32561-4899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 28 / 2020
Transaction ID : 10558217
 Amount of Each Receipt this Period 84.00
 Memo Item

B. 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 72761-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 28 / 2020
Transaction ID : 10558218
 Amount of Each Receipt this Period 84.00
 Memo Item

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

Date of Receipt 03 / 28 / 2020
Transaction ID : 10558219
 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 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Orfaly, Robert, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13593 Streamside Dr
 City Lake Oswego State OR Zip Code 97035-1386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oregon Health & Science University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2020
Transaction ID : 10558225
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Furey, Christopher, George, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18900 South Woodland Road
 City Shaker Heights State OH Zip Code 44122
 FEC ID number of contributing federal political 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 03 / 31 / 2020
Transaction ID : 10560112
 Amount of Each Receipt this Period 500.00
 Memo Item

C. 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 ▼ 750.00

Date of Receipt 03 / 31 / 2020
Transaction ID : 10561221
 Amount of Each Receipt this Period 750.00
 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 242 OF 300
	<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 ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2020

Transaction ID : 10561227

Amount of Each Receipt this Period
84.00

Memo Item

B. Wirges, Rick, , ,

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

Mailing Address 21 Sologne Circle

City Little Rock	State AR	Zip Code 72223-8913
---------------------	-------------	------------------------

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

Name of Employer (for Individual) OrthoArkansas	Occupation (for Individual) Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2020

Transaction ID : 10561230

Amount of Each Receipt this Period
84.00

Memo Item

C. Culp, Brian, Matthew, , MD

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

Mailing Address 1805 Barclay Blvd

City Princeton	State NJ	Zip Code 08540-5891
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2020

Transaction ID : 10561231

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 243 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Yakel, Demian, M, , DO, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4439 E 23rd St
 City Casper State WY Zip Code 82609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Summit Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2020
Transaction ID : 10561232
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Choi, Daniel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 3rd Ave Apt 824
 City Mineola State NY Zip Code 11501-4347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Long Island Spine Specialists, PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2020
Transaction ID : 10561233
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Snyder, Matthew, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14912 Chopine Pass
 City Roanoke State IN Zip Code 46783-9308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2020
Transaction ID : 10561235
 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 244 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4066 Old River Trail
 City Powhatan State VA Zip Code 23139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2020
Transaction ID : 10561236
 Amount of Each Receipt this Period
 84.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2020
Transaction ID : 10561238
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Besh, Basil, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6135 Clubhouse Dr
 City Pleasanton State CA Zip Code 94566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2020
Transaction ID : 10561239
 Amount of Each Receipt this Period
 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1168.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Carreau, Joseph, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 Hiddenwood Hollow
 City Jefferson State SD Zip Code 57038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CNOS Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 25 / 2020
Transaction ID : 10561240
 Amount of Each Receipt this Period 84.00
 Memo Item

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

Date of Receipt 03 / 26 / 2020
Transaction ID : 10561241
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Noonan, J, Christopher, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 342 Pace Ln
 City North Salt Lake State UT Zip Code 84054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Good Samaritan Regional Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2020
Transaction ID : 10561243
 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 246 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **03 / 27 / 2020**
Transaction ID : 10561245
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Mann, John, Walter, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3806 Pitzer Rd
 City Roanoke State VA Zip Code 24014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carilion Clinic Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **03 / 27 / 2020**
Transaction ID : 10561246
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Cage, Dori, N., , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4105 Alameda Dr
 City San Diego State CA Zip Code 92103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **03 / 27 / 2020**
Transaction ID : 10561247
 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 247 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Prather, John, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4425 Paulsen Street
 City Savannah State GA Zip Code 31405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2020
Transaction ID : 10561248
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Iorio, Richard, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Prince St
 City Beverly State MA Zip Code 01915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NYU Langone Medical Center Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2020
Transaction ID : 10561249
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Galakatos, Gregory, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12008 Chaltenham Rd
 City Saint Louis State MO Zip Code 63131-3854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2020
Transaction ID : 10561250
 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 248 OF 300
<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. Waddell, Bradford, Sutton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5575 Lake Forrest Dr
 City Atlanta State GA Zip Code 30342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 30 / 2020
Transaction ID : 10561251
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Lopez, David, Vincent, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Courtney Ct
 City Freehold State NJ Zip Code 07728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 30 / 2020
Transaction ID : 10561252
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Dulske, Michael, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Burney Drive
 City Flowood State MS Zip Code 39232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Ortho Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 30 / 2020
Transaction ID : 10561253
 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 249 OF 300
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lyons, Steven, Thomas, , MD,FAAOS

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

Mailing Address 12927 Darby Ridge Dr

City Tampa	State FL	Zip Code 33624
---------------	-------------	-------------------

FEC ID number of contributing federal political 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
02		11		2020

Transaction ID : 10566190

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

B. Migiori, 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 ▼
168.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2020

Transaction ID : 10566191

Amount of Each Receipt this Period
0.00

Memo Item

Refund(s) on Schedule B Totaling \$168.00 This changes the YTD Total to \$168.00

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 M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	392783.66

**SCHEDULE A (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 300
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. American Association of Orthopaedic Surgeons

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9400 W. Higgins

City Rosemont	State IL	Zip Code 60018
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : 10487236

Amount of Each Receipt this Period

Memo Item

Refund of bank fees from affiliated organization

B. American Association of Orthopaedic Surgeons

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9400 W. Higgins

City Rosemont	State IL	Zip Code 60018
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : 10511841

Amount of Each Receipt this Period

Memo Item

Refund of bank fees from affiliated organization

C.

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

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="8848.77"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="8848.77"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 10413949

Amount of Each Disbursement this Period

[REDACTED] 136.60

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 10413950

Amount of Each Disbursement this Period

[REDACTED] 320.46

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 10425976

Amount of Each Disbursement this Period

[REDACTED] 784.89

Bank fees deducted from account

Memo Item

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

[REDACTED] 1241.95

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 10425977

Amount of Each Disbursement this Period

[REDACTED] 144.69

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 10432971

Amount of Each Disbursement this Period

[REDACTED] 1188.64

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 10435951

Amount of Each Disbursement this Period

[REDACTED] 841.94

Bank fees deducted from account

Memo Item

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

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

[REDACTED] 2175.27

[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	2		0	3		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 10494340

Amount of Each Disbursement this Period

[REDACTED] 317.61

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 10494341

Amount of Each Disbursement this Period

[REDACTED] 2228.50

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 10494342

Amount of Each Disbursement this Period

[REDACTED] 641.40

Bank fees deducted from account

Memo Item

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

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

[REDACTED] 3187.51

[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	2		1	4		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 10496896

Amount of Each Disbursement this Period

[REDACTED] 174.99

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	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 10496898

Amount of Each Disbursement this Period

[REDACTED] 884.21

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 10511781

Amount of Each Disbursement this Period

[REDACTED] 615.56

Bank fees deducted from account

Memo Item

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

[REDACTED] 1674.76

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
0	2		2	4		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 10511782

Amount of Each Disbursement this Period

[REDACTED] 569.28

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 10511842

Amount of Each Disbursement this Period

[REDACTED] 192.99

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	3		0	3		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 10557336

Amount of Each Disbursement this Period

[REDACTED] 150.02

Bank fees deducted from account

Memo Item

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

[REDACTED] 912.29

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
03 / 09 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : 10557337

Amount of Each Disbursement this Period

[REDACTED] 52.20

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
03 / 09 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : 10557338

Amount of Each Disbursement this Period

[REDACTED] 111.20

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
03 / 16 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : 10557339

Amount of Each Disbursement this Period

[REDACTED] 108.65

Bank fees deducted from account

Memo Item

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

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

[REDACTED] 272.05

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	03	/	2020

FEC Identification Number

C

Transaction ID : 10557340

Amount of Each Disbursement this Period

55.92

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	09	/	2020

FEC Identification Number

C

Transaction ID : 10557341

Amount of Each Disbursement this Period

427.68

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	16	/	2020

FEC Identification Number

C

Transaction ID : 10557342

Amount of Each Disbursement this Period

140.96

Bank fees deducted from account

Memo Item

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

624.56

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

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 23 / 2020

FEC Identification Number

C

Transaction ID : 10557343

Amount of Each Disbursement this Period

316.34

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 31 / 2020

FEC Identification Number

C

Transaction ID : 10560117

Amount of Each Disbursement this Period

327.71

Bank fees deducted from account

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)..... ▶

644.05

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

10732.44

**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. Bill Flores For Congress

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement
Void - Bill Flores For Congress

011
Category/
Type

Candidate Name

Flores, Bill, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: TX District: 17

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2020

FEC Identification Number

C C00472241

Transaction ID : 10425978

Amount of Each Disbursement this Period

- 2500.00

Void - Bill Flores For Congress

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
Void - Scanlon For Congress

011
Category/
Type

Candidate Name

Scanlon, Mary, Gay, Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: PA District: 05

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2020

FEC Identification Number

C C00669358

Transaction ID : 10425979

Amount of Each Disbursement this Period

- 2000.00

Void - Scanlon For Congress

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: 2020 Primary General Other (specify) ▼
State: NH District: 01

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2020

FEC Identification Number

C C00660464

Transaction ID : 10486375

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)..... ▶

- 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	30	/	2020

Mailing Address 425 Second Street NE

FEC Identification Number

C	C00027466
---	-----------

Transaction ID : 10486377

Amount of Each Disbursement this Period

15000.00

2020 Membership Dues

Memo Item

City Washington State DC Zip Code 20002

Purpose of Disbursement
2020 Membership Dues

011
Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Full Name (Last, First, Middle Initial)

B. Kansans For Marshall

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	30	/	2020

Mailing Address PO Box 1588

FEC Identification Number

C	C00576173
---	-----------

Transaction ID : 10486379

Amount of Each Disbursement this Period

1801.20

Memo Item

City Great Bend State KS Zip Code 67530

Purpose of Disbursement

011
Category/ Type

Candidate Name

Marshall, Roger, , ,
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: KS District: 02

Full Name (Last, First, Middle Initial)

C. Friends Of Cheri Bustos

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	30	/	2020

Mailing Address PO Box 65322

FEC Identification Number

C	C00498568
---	-----------

Transaction ID : 10486380

Amount of Each Disbursement this Period

2500.00

Memo Item

City Washington State DC Zip Code 20035

Purpose of Disbursement

011
Category/ Type

Candidate Name

Bustos, Cheri, , Rep.,
Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: IL District: 17

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

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

19301.20

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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. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 400

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011

Category/
Type

Candidate Name

Eshoo, Anna, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: CA District: 14

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2020

FEC Identification Number

C C00258475

Transaction ID : 10486381

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pete Sessions For Congress

Mailing Address PO Box 8587

City Waco State TX Zip Code 76714

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sessions, Pete, , Rep.,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify)

State: TX District: 32

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2020

FEC Identification Number

C C00303305

Transaction ID : 10486382

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Above the Best PAC

Mailing Address 12138 Central Aveue
Box 671

City Bowie State MD Zip Code 20721

Purpose of Disbursement
Anthony Brown 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
01 / 30 / 2020

FEC Identification Number

C C00689034

Transaction ID : 10486383

Amount of Each Disbursement this Period

2500.00

Anthony Brown 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. John Rose For Tennessee

Mailing Address PO Box 2404

City
Cookeville

State
TN

Zip Code
38502

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rose, John, W., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2020

FEC Identification Number

C C00652743

Transaction ID : 10486384

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Scalise Leadership Fund

Mailing Address 317 15th Street, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
JFC (5K to Scalise/15K credited to NRCC)

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2020

FEC Identification Number

C

Transaction ID : 10487253

Amount of Each Disbursement this Period

20000.00

JFC (5K to Scalise/15K credited to NRCC)

Memo Item

Full Name (Last, First, Middle Initial)

C. Russ Fulcher For Idaho

Mailing Address PO Box 1375

City
Meridian

State
ID

Zip Code
83680

Purpose of Disbursement

011

Category/
Type

Candidate Name

Fulcher, Russ, M., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: ID District: 01

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2020

FEC Identification Number

C C00648295

Transaction ID : 10494251

Amount of Each Disbursement this Period

1500.00

Memo Item

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

24000.00

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. Bill Cassidy For US Senate

Mailing Address PO Box 80505

City
Baton Rouge

State
LA

Zip Code
70898

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cassidy, William, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: LA

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2020

FEC Identification Number

C C00543983

Transaction ID : 10494268

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tuesday Group PAC

Mailing Address PO Box 11586

City
Washington

State
DC

Zip Code
20008

Purpose of Disbursement
Annual Contribution

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2020

FEC Identification Number

C C00433060

Transaction ID : 10494269

Amount of Each Disbursement this Period

5000.00
Annual Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Across the Aisle PAC

Mailing Address 910 17th St NW
Ste 925

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Annual Contribution

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2020

FEC Identification Number

C C00696591

Transaction ID : 10494270

Amount of Each Disbursement this Period

5000.00
Annual Contribution

Memo Item

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

11000.00

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. Westerman For Congress

Mailing Address PO Box 21097

City
Hot Springs

State
AR

Zip Code
71903

Purpose of Disbursement

011

Category/
Type

Candidate Name

Westerman, Bruce, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: AR District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	07	/	2020

FEC Identification Number

C C00548180

Transaction ID : 10494271

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Gallego For Arizona

Mailing Address PO Box 1710

City
Phoenix

State
AZ

Zip Code
85001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gallego, Ruben, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: AZ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	07	/	2020

FEC Identification Number

C C00558627

Transaction ID : 10494272

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Building and Restoring the American Dream PAC

Mailing Address PO Box 30844

City
Bethesda

State
MD

Zip Code
20824

Purpose of Disbursement
Brad Wenstrup 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
02	/	07	/	2020

FEC Identification Number

C C00590356

Transaction ID : 10494284

Amount of Each Disbursement this Period

2500.00

Brad Wenstrup LPAC

Memo Item

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

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Mark Green For Congress

Mailing Address PO Box 2706

City
Brentwood

State
TN

Zip Code
37024

Purpose of Disbursement

011

Category/
Type

Candidate Name

Green, Mark, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	07	/	2020

FEC Identification Number

C C00658385

Transaction ID : 10494285

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Moolenaar For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City
Midland

State
MI

Zip Code
48640

Purpose of Disbursement

011

Category/
Type

Candidate Name

Moolenaar, John, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	07	/	2020

FEC Identification Number

C C00561530

Transaction ID : 10494286

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Thom Tillis Committee

Mailing Address PO Box 97396

City
Raleigh

State
NC

Zip Code
27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tillis, Thom, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	07	/	2020

FEC Identification Number

C C00545772

Transaction ID : 10494287

Amount of Each Disbursement this Period

3500.00

Memo Item

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

6500.00

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. Together Holding our Majority

Mailing Address PO Box 97275

City Raleigh State NC Zip Code 27624

Purpose of Disbursement Tillis 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
0	2		0	7		2	0	2	0

FEC Identification Number

Transaction ID : 10494288
 Amount of Each Disbursement this Period

 Tillis LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Austin Scott For Congress Inc

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement

Category/Type

Candidate Name

Scott, James, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify)
 State: GA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	2	0

FEC Identification Number

Transaction ID : 10494289
 Amount of Each Disbursement this Period

 Memo Item

Memo Item

Full Name (Last, First, Middle Initial)

C. Oorah!

Mailing Address PO Box 3743

City Carmel State IN Zip Code 46082

Purpose of Disbursement Todd Young 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
0	2		0	7		2	0	2	0

FEC Identification Number

Transaction ID : 10494290
 Amount of Each Disbursement this Period

 Todd Young 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. Andy Harris For Congress

Mailing Address PO Box 426

City: Stevensville State: MD Zip Code: 21666

Purpose of Disbursement

011
Category/Type

Candidate Name
Harris, Andrew, , ,

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼
State: MD District: 01

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2020

FEC Identification Number

C C00435974

Transaction ID : 10494291

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City: Visalia State: CA Zip Code: 93290

Purpose of Disbursement

011
Category/Type

Candidate Name
Nunes, Devin, , ,

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼
State: CA District: 21

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2020

FEC Identification Number

C C00370056

Transaction ID : 10494292

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Mark Warner

Mailing Address 1751 Potomac Greens Drive

City: Alexandria State: VA Zip Code: 22314

Purpose of Disbursement

011
Category/Type

Candidate Name
Warner, Mark, , ,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General Other (specify) ▼
State: VA District:

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2020

FEC Identification Number

C C00438713

Transaction ID : 10494293

Amount of Each Disbursement this Period

500.00

Memo Item

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

2500.00

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. Forward Together PAC

Mailing Address 201 North Union Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Mark Warner's 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 : 10494294

Amount of Each Disbursement this Period

Mark Warner's LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Fitzpatrick For Congress

Mailing Address PO Box 939

City Langhorne State PA Zip Code 19047

Purpose of Disbursement

Category/
Type

Candidate Name

Fitzpatrick, Brian, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: PA District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10494295

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Victory in November Election PAC (VINE PAC)

Mailing Address 607 14th Street NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Mike Thompson 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 : 10494296

Amount of Each Disbursement this Period

Mike Thompson 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. STEVE PAC

Mailing Address 228 S Washington St
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Stiver's LPAC

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2020

FEC Identification Number

C C00501478

Transaction ID : 10494297

Amount of Each Disbursement this Period

5000.00

Stiver's LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Steve Watkins

Mailing Address 1430 SW Woodhull Street
PO Box 4262

City Topeka State KS Zip Code 66604

Purpose of Disbursement

011
Category/
Type

Candidate Name

Watkins, Steven, C., Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify)
State: KS District: 02

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2020

FEC Identification Number

C C00660050

Transaction ID : 10494313

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PAC Unitatis

Mailing Address 824 S Milledge Avenue
Suite 101

City Athens State GA Zip Code 30605

Purpose of Disbursement
Annual Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
02 / 07 / 2020

FEC Identification Number

C C00693127

Transaction ID : 10494314

Amount of Each Disbursement this Period

5000.00

Annual Contribution

Memo Item

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

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

11000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2020

Mailing Address Box 137

FEC Identification Number

C	C00390476
---	-----------

City Spokane State WA Zip Code 99210

Transaction ID : 10496777

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

500.00

Candidate Name

Rodgers Cathy, McMorris, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼

State: WA District: 05

Memo Item

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2020

Mailing Address Box 137

FEC Identification Number

C	C00390476
---	-----------

City Spokane State WA Zip Code 99210

Transaction ID : 10496778

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

500.00

Candidate Name

Rodgers Cathy, McMorris, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼

State: WA District: 05

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
02		12		2020

Mailing Address PO Box 3314

FEC Identification Number

C	C00446906
---	-----------

City Oregon City State OR Zip Code 97045

Transaction ID : 10496779

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

500.00

Candidate Name

Schrader, Kurt, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼

State: OR District: 05

Memo Item

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

1500.00

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

011

Category/Type

Candidate Name

Schrader, Kurt, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C C00446906

Transaction ID : 10496780

Amount of Each Disbursement this Period

500.00

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, George, , , Jr

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C C00474189

Transaction ID : 10496782

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Blue Dog PAC

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2020 Annual Dues

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C C00305318

Transaction ID : 10496783

Amount of Each Disbursement this Period

5000.00

2020 Annual Dues

Memo Item

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

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

6500.00

**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. Joe Wilson For Congress

Mailing Address PO Box 2145

City
West Columbia

State
SC

Zip Code
29171

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wilson, Joe, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: SC

District: 00

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C C00368522

Transaction ID : 10496785

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Robin Kelly For Congress

Mailing Address PO Box 3411

City
Chicago

State
IL

Zip Code
60654

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kelly, Robin, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: IL

District: 02

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C C00539866

Transaction ID : 10496786

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Patriots For Perry

Mailing Address PO Box 633

City
New Cumberland

State
PA

Zip Code
17070

Purpose of Disbursement

011

Category/
Type

Candidate Name

Perry, Scott, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: PA

District: 10

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C C00510164

Transaction ID : 10496787

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**

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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. 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

Disbursement For: 2020
 Primary General Other (specify) ▼

State: OH District: 02

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C C00497818

Transaction ID : 10496788

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. House Conservatives Fund

Mailing Address 228 S. Washington St. Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2020 Annual Membership

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C C00326439

Transaction ID : 10496789

Amount of Each Disbursement this Period

5000.00
2020 Annual Membership

Memo Item

Full Name (Last, First, Middle Initial)

C. Dr John Joyce For Congress

Mailing Address 1002 Logan Blvd Ste 114

City Altoona State PA Zip Code 16602

Purpose of Disbursement

011

Category/Type

Candidate Name

Joyce, John, ,

Office Sought: House Senate President

Disbursement For: 2020
 Primary General Other (specify) ▼

State: PA District: 13

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C C00674259

Transaction ID : 10496790

Amount of Each Disbursement this Period

1000.00

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

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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. Andy Kim For Congress

Mailing Address PO Box 211

City
Marlton

State
NJ

Zip Code
08053

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kim, Andrew, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C00648220

Transaction ID : 10496791

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Rosa Delauro

Mailing Address 129 Church St, Ste 818

City
New Haven

State
CT

Zip Code
06510

Purpose of Disbursement

011

Category/
Type

Candidate Name

Delauro, Rosa, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) Convention2020

State: CT District: 03

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C00238865

Transaction ID : 10496792

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C00468256

Transaction ID : 10496793

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**

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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. Jason Smith For Congress

Mailing Address PO Box 1324

City
Cape Girardeau

State
MO

Zip Code
63702

Purpose of Disbursement

011

Category/
Type

Candidate Name

Smith, Jason, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C00541862

Transaction ID : 10496794

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NC District: 07

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C00501643

Transaction ID : 10496796

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Rodney For Congress

Mailing Address PO Box 344

City
Taylorville

State
IL

Zip Code
62568

Purpose of Disbursement

011

Category/
Type

Candidate Name

Davis, Rodney, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C00521948

Transaction ID : 10496798

Amount of Each Disbursement this Period

1500.00

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**

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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. VIEW PAC

Mailing Address 3106 Russell Road

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Annual Contribution

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2020

FEC Identification Number

C C00327189

Transaction ID : 10496799

Amount of Each Disbursement this Period

5000.00

Annual Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Thom Tillis Committee

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement Void - Thom Tillis Committee

011

Category/Type

Candidate Name

Tillis, Thom, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify)

State: NC District:

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2020

FEC Identification Number

C C00545772

Transaction ID : 10503135

Amount of Each Disbursement this Period

- 3500.00

Void - Thom Tillis Committee

Memo Item

Full Name (Last, First, Middle Initial)

C. Knute For Congress

Mailing Address PO Box 190

City Redmond State OR Zip Code 97756

Purpose of Disbursement

011

Category/Type

Candidate Name

Buehler, Knute, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2020

FEC Identification Number

C C00730507

Transaction ID : 10503305

Amount of Each Disbursement this Period

5000.00

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:
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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. 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: 2020

Primary General
 Other (specify) ▼

State: PA

District: 02

Date of Disbursement

MM / DD / YYYY
02 / 19 / 2020

FEC Identification Number

C00543363

Transaction ID : 10503309

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Republican Attorneys General Association

Mailing Address 1747 Penn Avenue NW
Suite 800

City Washington

State DC

Zip Code 20006

Purpose of Disbursement
2020 RAGA Membership

011

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2020

FEC Identification Number

C00560904

Transaction ID : 10511732

Amount of Each Disbursement this Period

15000.00
2020 RAGA Membership

Memo Item

Full Name (Last, First, Middle Initial)

C. Democratic Attorneys General Association

Mailing Address 1350 I Street NW
Suite 300

City Washington

State DC

Zip Code 20005

Purpose of Disbursement
2020 Membership Fee

011

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2020

FEC Identification Number

C00638320

Transaction ID : 10511733

Amount of Each Disbursement this Period

15000.00
2020 Membership Fee

Memo Item

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

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

31000.00

**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. Judy Chu For Congress

Mailing Address 16633 Ventura Blvd # 1008

City Encino State CA Zip Code 91436

Purpose of Disbursement

011
Category/ Type

Candidate Name

Chu, Judy, , Rep.,

Office Sought: House
 Senate
 President
State: CA District: 27

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2020

FEC Identification Number

C00458125

Transaction ID : 10518323

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lance Gooden For Congress Committee

Mailing Address PO Box 2125

City Terrell State TX Zip Code 75160

Purpose of Disbursement

011
Category/ Type

Candidate Name

Gooden, Lance, , ,

Office Sought: House
 Senate
 President
State: TX District: 05

Disbursement For: 2020
 Primary General
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2020

FEC Identification Number

C00662601

Transaction ID : 10518326

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LANK PAC

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement
Lankford's LPAC

011
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
03	/	02	/	2020

FEC Identification Number

C00492058

Transaction ID : 10518329

Amount of Each Disbursement this Period

2500.00

Lankford's LPAC

Memo Item

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

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

5000.00

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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. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement

Category/
Type

Candidate Name

Matsui, Doris, , ,

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10518332

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

Category/
Type

Candidate Name

Brady, Kevin, , ,

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10518335

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Julia Brownley For Congress

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement

Category/
Type

Candidate Name

Brownley, Julia, , Rep.,

Office Sought: House Senate President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10518363

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. Collins For Texas

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2020

Mailing Address 6119a Greenville Ave
Ste 423

FEC Identification Number

C C00715235

City Dallas State TX Zip Code 75206

Transaction ID : 10518366

Purpose of Disbursement

011
Category/
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Collins, Genevieve, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 32

Memo Item

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2020

Mailing Address PO Box 13026

FEC Identification Number

C C00369033

City Austin State TX Zip Code 78711

Transaction ID : 10518367

Purpose of Disbursement

011
Category/
Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

Cornyn, John, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District:

Memo Item

Full Name (Last, First, Middle Initial)

C. Alamo PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2020

Mailing Address 816 Congress Ave, Suite 960
Frost Bank Plaza

FEC Identification Number

C C00387464

City Austin State TX Zip Code 78701

Transaction ID : 10518368

Purpose of Disbursement
Cornyn's LPAC

011
Category/
Type

Amount of Each Disbursement this Period

1000.00
Cornyn's LPAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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**

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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. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2020

Mailing Address 430 S Capitol St SE
2nd Floor

FEC Identification Number

C C00347864

City Washington State DC Zip Code 20003

Transaction ID : 10518370

Purpose of Disbursement
2020 Membership Fee

011
Category/
Type

Amount of Each Disbursement this Period

15000.00

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

2020 Membership Fee
 Memo Item

Full Name (Last, First, Middle Initial)

B. Democratic National Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2020

Mailing Address 430 S Capitol Street SE
2nd Floor

FEC Identification Number

C C00010603

City Washington State DC Zip Code 20003

Transaction ID : 10518372

Purpose of Disbursement
2020 Dues

011
Category/
Type

Amount of Each Disbursement this Period

15000.00

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

2020 Dues
 Memo Item

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2020

Mailing Address 120 Maryland Avenue, NE

FEC Identification Number

C C00042366

City Washington State DC Zip Code 20002

Transaction ID : 10518373

Purpose of Disbursement
2020 Dues

011
Category/
Type

Amount of Each Disbursement this Period

15000.00

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

2020 Dues
 Memo Item

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

45000.00

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. Morgan Griffith For Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement

Category/Type

Candidate Name
Griffith, H Morgan, , ,

Office Sought: House Senate President
State: VA District: 09
Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 02 / 2020

FEC Identification Number

Transaction ID : 10518374

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Kansas Leadership 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
MM / DD / YYYY
03 / 02 / 2020

FEC Identification Number

Transaction ID : 10518376

Amount of Each Disbursement this Period

Marshall LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Republican National Committee

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2020 Dues

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
03 / 02 / 2020

FEC Identification Number

Transaction ID : 10518377

Amount of Each Disbursement this Period

2020 Dues

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. Beth Van Duyne For Congress

Mailing Address PO Box 630167

City Irving State TX Zip Code 75063

Purpose of Disbursement

011

Category/
Type

Candidate Name

Van Duyne, Elizabeth, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: TX District: 24

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2020

FEC Identification Number

C C00714865

Transaction ID : 10518379

Amount of Each Disbursement this Period

2500.00

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: 2020 Primary General Other (specify)

State: TX District: 03

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2020

FEC Identification Number

C C00653634

Transaction ID : 10518381

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Engel For Congress

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement

011

Category/
Type

Candidate Name

Engel, Eliot, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: NY District: 17

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2020

FEC Identification Number

C C00236513

Transaction ID : 10540113

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. Terri PAC

Mailing Address 499 South Capitol Street SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement Terri Sewell LPAC

011
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 Y
03 / 12 / 2020

FEC Identification Number

C C00525030

Transaction ID : 10540114

Amount of Each Disbursement this Period

5000.00

Terri Sewell LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Common Values PAC

Mailing Address 406 Virginia Ave

City Alexandria State VA Zip Code 22302

Purpose of Disbursement Barrasso's LPAC

011
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 Y
03 / 12 / 2020

FEC Identification Number

C C00442368

Transaction ID : 10540115

Amount of Each Disbursement this Period

1500.00

Barrasso's LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Roe's LPAC

011
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 Y
03 / 12 / 2020

FEC Identification Number

C C00528414

Transaction ID : 10540116

Amount of Each Disbursement this Period

5000.00

Roe's LPAC

Memo Item

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

11500.00

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. Case For Congress

Mailing Address PO Box 2941

City Honolulu State HI Zip Code 96802

Purpose of Disbursement

Category/
Type

Candidate Name
Case, Edward, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: HI District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10540117

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name
Krishnamoorthi, Raja, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: IL District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10540118

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Neal Dunn

Mailing Address PO Box 16088

City Panama City State FL Zip Code 32406

Purpose of Disbursement

Category/
Type

Candidate Name
Dunn, Neal, , , MD FACS

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: FL District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10540119

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

A. Hudson For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement 011 Category/Type

Candidate Name
Hudson, Richard, L., Rep., Jr.

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: NC District: 08

Date of Disbursement: 03 / 12 / 2020

FEC Identification Number: C00504522
Transaction ID : 10540120
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. McKinley For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement 011 Category/Type

Candidate Name
McKinley, David, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: WV District: 01

Date of Disbursement: 03 / 12 / 2020

FEC Identification Number: C00473132
Transaction ID : 10540121
Amount of Each Disbursement this Period: 1500.00

Memo Item

C. Simpson For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement 011 Category/Type

Candidate Name
Simpson, Michael, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: ID District: 02

Date of Disbursement: 03 / 12 / 2020

FEC Identification Number: C00331397
Transaction ID : 10540122
Amount of Each Disbursement this Period: 1500.00

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. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City
Visalia

State
CA

Zip Code
93290

Purpose of Disbursement

011

Category/
Type

Candidate Name

Nunes, Devin, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2020

FEC Identification Number

C C00370056

Transaction ID : 10540123

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ron Estes For Congress

Mailing Address PO Box 782952

City
Wichita

State
KS

Zip Code
67278

Purpose of Disbursement

011

Category/
Type

Candidate Name

Estes, Ron, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: KS District: 04

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2020

FEC Identification Number

C C00632067

Transaction ID : 10540124

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lahood For Congress

Mailing Address PO Box 10735

City
Peoria

State
IL

Zip Code
61612

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lahood, Darin, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2020

FEC Identification Number

C C00575050

Transaction ID : 10540125

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. Donna Shalala For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2020

Mailing Address 219 Pennsylvania Ave SE
3rd Floor

City Washington State DC Zip Code 20003

FEC Identification Number

C C00672311

Transaction ID : 10540126

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/
Type

Memo Item

Candidate Name

Shalala, Donna, , Rep.,

Office Sought: House Senate President
State: FL District: 27

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Trey For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2020

Mailing Address PO Box 421

City Jeffersonville State IN Zip Code 47130

FEC Identification Number

C C00590463

Transaction ID : 10540127

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/
Type

Memo Item

Candidate Name

Hollingsworth, Trey, , Rep.,

Office Sought: House Senate President
State: IN District: 09

Disbursement For: 2020
 Primary General
 Other (specify) ▼

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
03	/	12	/	2020

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

FEC Identification Number

C C00446906

Transaction ID : 10540128

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/
Type

Memo Item

Candidate Name

Schrader, Kurt, , ,

Office Sought: House Senate President
State: OR District: 05

Disbursement For: 2020
 Primary General
 Other (specify) ▼

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Tom Rice For Congress

Mailing Address PO Box 70098

City
Myrtle Beach

State
SC

Zip Code
29572

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rice, Tom, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2020

FEC Identification Number

C C00506048

Transaction ID : 10540129

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Billy Long For Congress

Mailing Address PO Box 4527

City
Springfield

State
MO

Zip Code
65808

Purpose of Disbursement

011

Category/
Type

Candidate Name

Long, Billy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: MO District: 07

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2020

FEC Identification Number

C C00460063

Transaction ID : 10540130

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Believe in Life Liberty Yourself

Mailing Address 3246 E Ridgeview St

City
Springfield

State
MO

Zip Code
65804

Purpose of Disbursement
Billy Long 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
03 / 12 / 2020

FEC Identification Number

C C00559146

Transaction ID : 10540131

Amount of Each Disbursement this Period

1500.00

Billy Long LPAC

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**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Zeldin For Congress

Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement

Category/
Type

Candidate Name

Zeldin, Lee, , ,

Office Sought: House Senate President
State: NY District: 01

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10540132

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Banks, James, , ,

Office Sought: House Senate President
State: IN District: 03

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10540133

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Graves For Congress

Mailing Address 2345 Grand Blvd Ste 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement

Category/
Type

Candidate Name

Graves, Samuel, , , Jr.

Office Sought: House Senate President
State: MO District: 06

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10540260

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. Val Demings For Congress

Mailing Address PO Box 536926

City
Orlando

State
FL

Zip Code
32853

Purpose of Disbursement

011

Category/
Type

Candidate Name

Demings, Valdez, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2020

FEC Identification Number

C00590489

Transaction ID : 10540261

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cisneros For Congress

Mailing Address PO Box 40

City
Placentia

State
CA

Zip Code
92871

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cisneros, Gilbert, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2020

FEC Identification Number

C00650648

Transaction ID : 10540262

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pelosi, Nancy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2020

FEC Identification Number

C00213512

Transaction ID : 10540263

Amount of Each Disbursement this Period

2500.00

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. Cathy McMorris Rodgers For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2020

Mailing Address Box 137

FEC Identification Number

C	C00390476
---	-----------

City Spokane State WA Zip Code 99210

Transaction ID : 10540336

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Rodgers Cathy, McMorris, , ,

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WA District: 05	

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom O'Halleran For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2020

Mailing Address PO Box 63992

FEC Identification Number

C	C00582890
---	-----------

City Phoenix State AZ Zip Code 85082

Transaction ID : 10540402

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

O'Halleran, Tom, , Rep.,

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: AZ District: 01	

Memo Item

Full Name (Last, First, Middle Initial)

C. Jimmy Panetta For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2020

Mailing Address PO Box 103

FEC Identification Number

C	C00592154
---	-----------

City Carmel Valley State CA Zip Code 93924

Transaction ID : 10540403

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Panetta, Jimmy, , ,

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA District: 20	

Memo Item

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

4000.00

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. Friends Of Denver Riggelman, Inc.

Mailing Address PO Box 798

City Nellysford State VA Zip Code 22958

Purpose of Disbursement

011

Category/Type

Candidate Name

Riggelman, Denver, Lee, Rep., III

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼

State: VA District: 05

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2020

FEC Identification Number

C00680488

Transaction ID : 10540404

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr Kim Schrier For Congress

Mailing Address PO Box 2728

City Issaquah State WA Zip Code 98027

Purpose of Disbursement

011

Category/Type

Candidate Name

Schrier, Kim, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼

State: WA District: 08

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2020

FEC Identification Number

C00652628

Transaction ID : 10542894

Amount of Each Disbursement this Period

1000.00

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, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼

State: WA District: 08

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2020

FEC Identification Number

C00652628

Transaction ID : 10542895

Amount of Each Disbursement this Period

1500.00

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. LANK PAC

Mailing Address PO Box 1639

City
Bethany

State
OK

Zip Code
73008

Purpose of Disbursement
Lankford's LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2020

FEC Identification Number

C C00492058

Transaction ID : 10542896

Amount of Each Disbursement this Period

2500.00

Lankford's LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. John Cowan For Congress, Inc.

Mailing Address 1101 E 2nd Avenue SE

City
Rome

State
GA

Zip Code
30161

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cowan, John, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020 Primary General
 Other (specify)

State: GA District: 14

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2020

FEC Identification Number

C C00734517

Transaction ID : 10542897

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tomorrow Is Meaningful PAC - TIM PAC

Mailing Address 209 Pennsylvania Avenue SE, Suite

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Tim Scott 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
03 / 16 / 2020

FEC Identification Number

C C00495887

Transaction ID : 10542898

Amount of Each Disbursement this Period

5000.00

Tim Scott LPAC

Memo Item

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

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

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lahood For Congress

Mailing Address PO Box 10735

City
Peoria

State
IL

Zip Code
61612

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lahood, Darin, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2020

FEC Identification Number

C C00575050

Transaction ID : 10542899

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
2nd Floor

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Building Fund

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2020

FEC Identification Number

C C00347864

Transaction ID : 10542900

Amount of Each Disbursement this Period

15000.00

Building Fund

Memo Item

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Comm.

Mailing Address 320 First Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Legal Fund

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2020

FEC Identification Number

C C00002931

Transaction ID : 10542901

Amount of Each Disbursement this Period

15000.00

Legal Fund

Memo Item

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

31000.00

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 James St. George		Date of Disbursement MM / DD / YYYY 03 / 16 / 2020
Mailing Address PO Box 10313		FEC Identification Number C00733873 Transaction ID : 10542902 Amount of Each Disbursement this Period 2500.00
City Fleming Island	State FL	Zip Code 32006
Purpose of Disbursement	Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name St. George, James, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: FL	District: 03	

Full Name (Last, First, Middle Initial) B. Van Drew For Congress		Date of Disbursement MM / DD / YYYY 03 / 16 / 2020
Mailing Address PO Box 671		FEC Identification Number C00661868 Transaction ID : 10542903 Amount of Each Disbursement this Period 500.00
City Cape May Court Hou	State NJ	Zip Code 08210
Purpose of Disbursement	Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name Van Drew, Jeff, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ	District: 02	

Full Name (Last, First, Middle Initial) C. South Jersey United in Trust (SJUIT) PAC		Date of Disbursement MM / DD / YYYY 03 / 16 / 2020
Mailing Address PO Box 671		FEC Identification Number C00726729 Transaction ID : 10542904 Amount of Each Disbursement this Period 1000.00 Van Drew LPAC
City Cape May Court House	State NJ	Zip Code 08210
Purpose of Disbursement Van Drew LPAC	Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

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. Vern Buchanan For Congress

Mailing Address PO Box 48928

City
Sarasota

State
FL

Zip Code
34230

Purpose of Disbursement

011

Category/
Type

Candidate Name

Buchanan, Vernon, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2020

FEC Identification Number

C C00412759

Transaction ID : 10549597

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Stivers For Congress

Mailing Address 4679 Winterset Dr

City
Columbus

State
OH

Zip Code
43220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Stivers, Steve, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2020

FEC Identification Number

C C00441352

Transaction ID : 10549598

Amount of Each Disbursement this Period

2500.00

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, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2020

FEC Identification Number

C C00502575

Transaction ID : 10549599

Amount of Each Disbursement this Period

1000.00

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. 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: 2020
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2020

FEC Identification Number

C C00497818

Transaction ID : 10549600

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Adam Kinzinger Future 1st Committee

Mailing Address PO Box 2381

City Ottawa State IL Zip Code 61350

Purpose of Disbursement
Kinzinger JFC

011

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify)

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2020

FEC Identification Number

C

Transaction ID : 10549602

Amount of Each Disbursement this Period

5000.00
Kinzinger JFC

Memo Item

Full Name (Last, First, Middle Initial)

C. Alma Adams For Congress

Mailing Address PO Box 31473

City Charlotte State NC Zip Code 28231

Purpose of Disbursement

011

Category/Type

Candidate Name

Adams, Alma, S., Rep.,

Office Sought: House Senate President
State: NC District: 12

Disbursement For: 2020
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2020

FEC Identification Number

C C00546358

Transaction ID : 10549603

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)..... ▶

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lahood For Congress

Mailing Address PO Box 10735

City
Peoria

State
IL

Zip Code
61612

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lahood, Darin, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2020

FEC Identification Number

C C00575050

Transaction ID : 10549604

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	30	/	2020

FEC Identification Number

C C00697649

Transaction ID : 10558235

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Collins For Senator

Mailing Address PO Box 1096

City
Bangor

State
ME

Zip Code
04402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Collins, Susan, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	30	/	2020

FEC Identification Number

C C00314575

Transaction ID : 10558236

Amount of Each Disbursement this Period

5000.00

Memo Item

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

9000.00

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

375301.20

**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. Migliori, Sidney, Premer, , MD,FAAOS		Date of Disbursement MM / DD / YYYY 01 / 28 / 2020	
Mailing Address 40 Chief Botelho Ct			
City East Greenwich	State RI	Zip Code 02818	
Purpose of Disbursement Refund duplicate contribution		Category/ Type 010	FEC Identification Number C
Candidate Name		Transaction ID : 10435950 Amount of Each Disbursement this Period 168.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Refund duplicate contribution <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Lyons, Steven, Thomas, , MD,FAAOS		Date of Disbursement MM / DD / YYYY 02 / 11 / 2020	
Mailing Address 12927 Darby Ridge Dr			
City Tampa	State FL	Zip Code 33624	
Purpose of Disbursement Refund erroneous contribution		Category/ Type 010	FEC Identification Number C
Candidate Name		Transaction ID : 10495953 Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Refund erroneous contribution <input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	1168.00
TOTAL This Period (last page this line number only).....▶	1168.00