

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

☐ Check if different than previously reported. (ACC)

Washington

DC

20002

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

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

M M M / D D D / Y Y Y Y Y Y
07 01 2013

through

M M M / D D D / Y Y Y Y Y Y
12 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William J. Robb III, MD

Signature of Treasurer

William J. Robb III, MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 30 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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: M M / D D / Y Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y Y 12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2013		945825.37
(b) Cash on Hand at Beginning of Reporting Period.....	921354.09	
(c) Total Receipts (from Line 19)	557007.65	1245697.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1478361.74	2191522.86
7. Total Disbursements (from Line 31)	500923.07	1214084.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	977438.67	977438.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2013

To:

M M / D D / Y Y Y Y Y
12 31 2013
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).....

486222.66

1088914.32

(ii) Unitemized

55224.00

119512.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

541446.66

1208426.64

(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) ►

541446.66

1208426.64

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).....

7668.95

17831.25

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

7850.00

15350.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

42.04

4089.60

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))..... ►

557007.65

1245697.49

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

557007.65

1245697.49

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	7973.07	18309.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7973.07	18309.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	492550.00	1191250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	50.00	2175.00
(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)).....	50.00	2175.00
29. Other Disbursements	350.00	2350.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	500923.07	1214084.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	500923.07	1214084.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	541446.66	1208426.64
34. Total Contribution Refunds (from Line 28(d))	50.00	2175.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	541396.66	1206251.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	7973.07	18309.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	7668.95	17831.25
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	304.12	477.94

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

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

FOR LINE NUMBER: PAGE 6 OF 421
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Steven Douglas K Ross MD</p> <p>Mailing Address 555 Wildhorse</p> <p>City State Zip Code Orange CA 92869-2339</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Univ of California Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 480.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 10 / 2013</p> <p>Transaction ID : 5131901</p> <p>Amount of Each Receipt this Period 100.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Andrew M Star MD</p> <p>Mailing Address 2400 Maryland Rd Ste 20</p> <p>City State Zip Code Willow Grove PA 19090-1732</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation OSC Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 14 / 2013</p> <p>Transaction ID : 5152797</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. William Lewis Craig MD</p> <p>Mailing Address 4240 Foxbury Ct</p> <p>City State Zip Code Winston-Salem NC 27104</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Orthopaedic Specialist Inc Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2013</p> <p>Transaction ID : 5155009</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>850.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Douglas R Dodson DO

Mailing Address 2301 Indian Wells Rd
Ste A

City State Zip Code
Alamogordo NM 88310-4611

FEC ID number of contributing
federal political committee.

C

Name of Employer

NM Bone & Joint Institute

Occupation

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
07 / 11 / 2013

Transaction ID : 5155011

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeremy B Stern MD

Mailing Address Bayside Orthopaedics
300 C Faunce Corner Rd

City State Zip Code
North Dartmouth MA 02747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
07 / 11 / 2013

Transaction ID : 5155020

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Todd S Jarosz MD

Mailing Address 315 Woodspring Lane

City State Zip Code
Greenville NC 27834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Scoliosis and Spinal Surger

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2013

Transaction ID : 5155024

Amount of Each Receipt this Period

1500.00

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

2250.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Ray M Fitzgerald MD

Mailing Address 101 Westcott St Unit 402

City

Houston

State

TX

Zip Code

77007-7030

FEC ID number of contributing
federal political committee.

C

Name of Employer

KSF Orthopaedic Center

Occupation

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
07 / 11 / 2013

Transaction ID : 5155028

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Eric W Fulkerson MD

Mailing Address 1150 Bancroft Rd

City

Walnut Creek

State

CA

Zip Code

94598-2358

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
07 / 11 / 2013

Transaction ID : 5155029

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Keith R Pitchford DO

Mailing Address 852 Royal Dublin Ln

City

Dyer

State

IN

Zip Code

46311-1275

FEC ID number of contributing
federal political committee.

C

Name of Employer

Great Lakes Ortho & Sports Med

Occupation

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
07 / 11 / 2013

Transaction ID : 5155034

Amount of Each Receipt this Period

250.00

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 Carter Hough DO

Mailing Address 2001 W 11th St

City

Spencer

State

IA

Zip Code

51301

FEC ID number of contributing
federal political committee.

C

Name of Employer

NWIA Bone Joint & Sports Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2013

Transaction ID : 5155036

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Derek L Jones MD

Mailing Address 127 Warrenton

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2013

Transaction ID : 5187136

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Rowland MD

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

South Shore Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2013

Transaction ID : 5188258

Amount of Each Receipt this Period

1000.00

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

2000.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Robert Hall MD

Mailing Address 9875 Middle Rock Road

City State Zip Code
 Anchorage AK 99507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 24 / 2013

Transaction ID : 5188329

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Evangelos Megariotis MD

Mailing Address 21 Ravona St

City State Zip Code
 Clifton NJ 07012-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Clifton Orthopedic Associates

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
 07 / 24 / 2013

Transaction ID : 5188330

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Karen L Hackett FACHE, CAE

Mailing Address 165 N Canal St #512

City State Zip Code
 Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

American Academy of Orthopaedic Surg

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 24 / 2013

Transaction ID : 5188339

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. David S Weisman MD

Mailing Address 585 Cranbury Rd

City

East Brunswick

State

NJ

Zip Code

08816-4026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Orthopedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2013

Transaction ID : 5188340

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas A Lombardo Jr, MD

Mailing Address 8750 Transit Rd Suite 105

City

East Amherst

State

NY

Zip Code

14051-2610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2013

Transaction ID : 5188341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dennis Lee Abernathie MD

Mailing Address P.O. Box 0

City

Columbia

State

MO

Zip Code

65205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2013

Transaction ID : 5188348

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 421

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andrew Stoeckl MD

Mailing Address 90 Fairlawn Dr

City State Zip Code
 Amherst NY 14226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 07 / 17 / 2013

Transaction ID : 5188358

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Philip A Deffer Jr, MD

Mailing Address 1200 1st Ave E Ste C

City State Zip Code
 Spencer IA 51301-4342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

N.W. Iowa Bone, Joint and Sports Surge

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
 07 / 24 / 2013

Transaction ID : 5188362

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott J Dunitz MD

Mailing Address 4802 S 109 E Ave

City State Zip Code
 Tulsa OK 74146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Tulsa Bone & Joint Associates

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
 07 / 24 / 2013

Transaction ID : 5188472

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Peter M Kelleher MD

Mailing Address 501 Perkins Place

City State Zip Code
 Bozeman MT 59715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 07 / 24 / 2013

Transaction ID : 5188473

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Harrison Gilbert MD

Mailing Address 5301 N Dixie Hwy Ste 203

City State Zip Code
 Fort Lauderdale FL 33334-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Broward Orthopaedic Specialists

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
 07 / 28 / 2013

Transaction ID : 5193222

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John McCall Hicks MD

Mailing Address 107 Estate Dr

City State Zip Code
 Hendersonville NC 28739-6112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Blue Ridge Bone & Joint

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
 07 / 26 / 2013

Transaction ID : 5199246

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Rodney Alan Miller MD</p> <p>Mailing Address 1776 W Highland Ave</p> <p>City State Zip Code Wooster OH 44691-9070</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Wooster Orthopaedic & Sports Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2013</p> <p>Transaction ID : 5199247</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Robert H Blotter MD</p> <p>Mailing Address 1116 Ortman</p> <p>City State Zip Code Marquette MI 49855</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Orthopaedic Surg Assoc of Marquette Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2013</p> <p>Transaction ID : 5199249</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Thomas C Degenhardt MD</p> <p>Mailing Address 1405 Montgomery Dr</p> <p>City State Zip Code Santa Rosa CA 95405-4557</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Santa Rosa Orthopedic Medical Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2013</p> <p>Transaction ID : 5199250</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Thomas J Kane III, MD

Mailing Address 550 S Beretania St Ste 402

City

Honolulu

State

HI

Zip Code

96813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
07 / 25 / 2013

Transaction ID : 5199251

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Charles Cannon Edwards II, MD

Mailing Address 308 N Wind Rd

City

Towson

State

MD

Zip Code

21204

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Maryland Spine Center

Occupation

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
07 / 25 / 2013

Transaction ID : 5199296

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Fred G Corley MD

Mailing Address 175 E Edgewood

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Texas Health Science Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2013

Transaction ID : 5199299

Amount of Each Receipt this Period

750.00

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

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. James J Hamilton MD

Mailing Address 839 NW 25th Ave

City	State	Zip Code
Portland	OR	97210

FEC ID number of contributing federal political committee.

C

Name of Employer

University Physician Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2013

Transaction ID : 5199310

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Robert Prahinski MD

Mailing Address 4016 Peakland Pl

City	State	Zip Code
Lynchburg	VA	24503

FEC ID number of contributing federal political committee.

C

Name of Employer

Orthopaedic Center of Central Virginia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2013

Transaction ID : 5199351

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel I Singer MDMailing Address 1401 South Beretania St
Suite 750

City	State	Zip Code
Honolulu	HI	96814-1881

FEC ID number of contributing federal political committee.

C

Name of Employer

Ortho Assoc of Hawaii

Occupation

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
07	/	29	/	2013

Transaction ID : 5199354

Amount of Each Receipt this Period

300.00

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)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Gerald Q Greenfield Jr, MD

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

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 29 / 2013

Transaction ID : 5199355

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kent R Biddinger MD

Mailing Address The Ortho Center
420 W Wackerly St

City

Midland

State

MI

Zip Code

48642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 29 / 2013

Transaction ID : 5199358

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gregory R Misenhimer MD

Mailing Address 104 Calle Cumbre

City

El Paso

State

TX

Zip Code

79912

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Paso Orthopaedic Surg Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 29 / 2013

Transaction ID : 5199359

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Herbert J Louis MD

Mailing Address 5110 N 40th St Ste 236

City State Zip Code
Phoenix AZ 85018-2151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

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
07 29 2013

Transaction ID : 5199360

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian L Davison MD

Mailing Address 8090 Crossgate Ct South

City State Zip Code
Dublin OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic One

Occupation

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
07 26 2013

Transaction ID : 5199532

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. John O Krause MD

Mailing Address 14 Roclare Ln

City State Zip Code
St Louis MO 63131

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ortho Ctr of St Louis

Occupation

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
07 26 2013

Transaction ID : 5199534

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Terry Jackman Beal MD

Mailing Address 1309 Eagle Trl

City State Zip Code
Copperas Cove TX 76522-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : 5199538

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Ronald E DiSimone MD

Mailing Address 266 Spook Hollow Rd

City State Zip Code
Cogan Station PA 17728-9756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Susquehanna Health

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
07 / 26 / 2013

Transaction ID : 5199539

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark C Hermann MD

Mailing Address 428 Maple Ln

City State Zip Code
Danville VA 24541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
07 / 26 / 2013

Transaction ID : 5199540

Amount of Each Receipt this Period

250.00

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

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

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Joseph P Burns MD

Mailing Address 289 Beloit Ave

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern California Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2013

Transaction ID : 5199567

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark L Nystrom MD

Mailing Address 2420 Beech St.

City

Bakersfield

State

CA

Zip Code

93301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2013

Transaction ID : 5199571

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard G Vlasak MD

Mailing Address 6110 NW 29th Pl

City

Gainesville

State

FL

Zip Code

32606

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2013

Transaction ID : 5199573

Amount of Each Receipt this Period

250.00

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

1000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Rocci V Trumper MD

Mailing Address 4377 Woody Creek Ln.

City	State	Zip Code
Fort Collins	CO	80524

FEC ID number of contributing federal political committee.

C

Name of Employer

Orthopaedic Center of the Rockies

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2013

Transaction ID : 5199577

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul G Melaragno MD

Mailing Address 3288 Scioto Run Blvd

City	State	Zip Code
Hilliard	OH	43026

FEC ID number of contributing federal political committee.

C

Name of Employer

Ohio Orthopedic Center of Excellence

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : 5200131

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Darren L Johnson MD

Mailing Address 3653 Winding Wood Ln

City	State	Zip Code
Lexington	KY	40515

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Kentucky

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : 5200132

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Devon D Goetz MD

Mailing Address 6001 Westown Pky

City State Zip Code
 West Des Moines IA 50266-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Des Moines Ortho Surgeons

Occupation

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
 07 26 2013

Transaction ID : 5200157

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Roger Charles Duntelman MD

Mailing Address 8530 N Audubon Dr

City State Zip Code
 Hayden ID 83835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
 07 26 2013

Transaction ID : 5200158

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael D Smith MD

Mailing Address 4010 West 65th St.

City State Zip Code
 Edina MN 55435-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
 07 26 2013

Transaction ID : 5200160

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Allen F Anderson MD

Mailing Address St Thomas Medical Bldg
 4230 Harding Rd Ste 1000

City Nashville State TN Zip Code 37205-2098

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOA

Occupation

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
 07 / 26 / 2013

Transaction ID : 5200161

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Milton J Smit MD

Mailing Address 1051 Medoc St

City Bourbonnais State IL Zip Code 60914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

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
 07 / 26 / 2013

Transaction ID : 5200163

Amount of Each Receipt this Period

380.00

Full Name (Last, First, Middle Initial)

C. Laura Lowe Tosi MD

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

CNMC

Occupation

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
 07 / 26 / 2013

Transaction ID : 5200165

Amount of Each Receipt this Period

1000.00

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

1630.00

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Albert W Gillespy MD

Mailing Address 790 John Anderson Dr

City

Ormond Beach

State

FL

Zip Code

32176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Clinic of Daytona

Occupation

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
07 / 29 / 2013

Transaction ID : 5200296

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David L Coran MD

Mailing Address 10124 N Vintage Ct

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
07 / 29 / 2013

Transaction ID : 5200298

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James P Jamison MD

Mailing Address 7092 Killdeer Dr

City

Canfield

State

OH

Zip Code

44406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Youngstown Orthopaedics

Occupation

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
07 / 29 / 2013

Transaction ID : 5200299

Amount of Each Receipt this Period

300.00

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

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

1800.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Thomas C McLaughlin MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2013 Transaction ID : 5200300</p>		
<p>Mailing Address 2667 Berkshire Rd</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Cleveland</p>	<p>State OH</p>	<p>Zip Code 44106</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Veterans Administration</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) B. John T Capo MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2013 Transaction ID : 5200301</p>		
<p>Mailing Address 504 Observer Highway Unit 2</p>			<p>Amount of Each Receipt this Period 300.00</p>		
<p>City Hoboken</p>	<p>State NJ</p>	<p>Zip Code 07030</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer UMDNJ</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 300.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Jeffrey A Mogerman MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2013 Transaction ID : 5200304</p>		
<p>Mailing Address 206 Stevenson Road</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Waverly</p>	<p>State PA</p>	<p>Zip Code 18471</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Wayne Memorial Hospital</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1050.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Evander F Fogle MD

Mailing Address 4162 N Stratford Rd NE

City	State	Zip Code
Atlanta	GA	30342-3941

FEC ID number of contributing federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M																		
07																			

Transaction ID : 5200306

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. Mark E Carlson MD

Mailing Address 2912 Spring Creek Rd

City	State	Zip Code
Rockford	IL	61107-1062

FEC ID number of contributing federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M																		
07																			

Transaction ID : 5200320

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

c. Chad T Price MD

Mailing Address 1009 Greentree Dr

City	State	Zip Code
Winter Park	FL	32789

FEC ID number of contributing federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

Orlando Regional Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M																		
07																			

Transaction ID : 5200322

Amount of Each Receipt this Period

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

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Rick F Papandrea MD

Mailing Address N28 W30628 Red Fox Ct

City State Zip Code
Pewaukee WI 53072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates of WI

Occupation

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
07 29 2013

Transaction ID : 5200324

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David R Morawski MD

Mailing Address 2525 Kaneville Rd

City State Zip Code
Geneva IL 60134-2578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fox Valley Orthopaedic Associates

Occupation

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
07 29 2013

Transaction ID : 5200326

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Matthew S Shapiro MD

Mailing Address 3946 Brae Burn Drive

City State Zip Code
Eugene OR 97405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Slocum Center

Occupation

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
07 29 2013

Transaction ID : 5200328

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Paul Alan Kammerlocher MD

Mailing Address 2907 NW 40th Pl

City

Newcastle

State

OK

Zip Code

73065

FEC ID number of contributing
federal political committee.

C

Name of Employer

McBride Clinic Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 29 / 2013

Transaction ID : 5200330

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark Hubert MD

Mailing Address 6974 Park Slope

City

Tyler

State

TX

Zip Code

75703-0316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trinity Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 30 / 2013

Transaction ID : 5200351

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gary F Bloemer MD

Mailing Address 3 Audubon Plaza Dr Ste 430

City

Louisville

State

KY

Zip Code

40217-1319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Norton Audubon Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 30 / 2013

Transaction ID : 5200370

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Roger B Collins MD

Mailing Address 105 N Greenleaf St

City State Zip Code
Gurnee IL 60031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenleaf Orthopaedic Associates

Occupation
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
08 / 04 / 2013

Transaction ID : 5206045

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mark Lucian Barba MD

Mailing Address 5229 Parliament Pl

City State Zip Code
Rockford IL 61107-5083

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockford Orthopaedic Associates

Occupation
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
08 / 05 / 2013

Transaction ID : 5208344

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Daniel W Guehlstorf MD

Mailing Address 9083 Kensington Way

City State Zip Code
Franklin WI 53132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
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
08 / 05 / 2013

Transaction ID : 5208345

Amount of Each Receipt this Period

500.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Robert Boyd Carrigan MD

Mailing Address 232 Summit Rd

City State Zip Code
 Springfield PA 19064

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Children's Surgical Associates

Occupation
 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
 08 05 2013

Transaction ID : 5208347

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ronald G Hayter MD

Mailing Address 1660 Gulf to Bay Blvd

City State Zip Code
 Clearwater FL 33755-6423

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Florida Knee & Ortho Center

Occupation
 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
 08 05 2013

Transaction ID : 5208348

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. M Gordon Whitbeck MD

Mailing Address 46 Lake Lacoma Dr

City State Zip Code
 Pittsford NY 14534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
 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
 08 05 2013

Transaction ID : 5208350

Amount of Each Receipt this Period

250.00

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

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

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Abhinav Bobby Chhabra MD

Mailing Address 2108 Piper Way

City	State	Zip Code
Keswick	VA	22947

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Virginia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

Transaction ID : 5208353

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Todd Martin Raabe MD

Mailing Address 16987 FM 756

City	State	Zip Code
Whitehouse	TX	75791

FEC ID number of contributing federal political committee.

C

Name of Employer

Azalea Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

Transaction ID : 5208354

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jan H Garrett MD

Mailing Address 8440 Southland Dr

City	State	Zip Code
Tyler	TX	75703

FEC ID number of contributing federal political committee.

C

Name of Employer

Azalea Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

Transaction ID : 5208355

Amount of Each Receipt this Period

500.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Mitchell B Sheinkop MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 02 / 2013 Transaction ID : 5208356</p>		
<p>Mailing Address 2328 N Cleveland</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Chicago</p>	<p>State IL</p>	<p>Zip Code 60614</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Midwest Orthopaedics at Rush</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Hal J McCutchan MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 02 / 2013 Transaction ID : 5208357</p>		
<p>Mailing Address 14221 92nd St SE</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Snohomish</p>	<p>State WA</p>	<p>Zip Code 98290-9029</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) C. George A Pugh MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 02 / 2013 Transaction ID : 5208358</p>		
<p>Mailing Address 1124 Longridge Rd</p>			<p>Amount of Each Receipt this Period 300.00</p>		
<p>City Oakland</p>	<p>State CA</p>	<p>Zip Code 94610-1812</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer East Bay Orthopaedic Specialists</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 300.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1300.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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

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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. Jim K Hudson MD

Mailing Address 13904 West El Bonito

City

Ocean Springs

State

MS

Zip Code

39564-5711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bienville Orthopaedic Specialists

Occupation

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
08 / 02 / 2013

Transaction ID : 5208359

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Timothy Patrick Tymon MD

Mailing Address 231 Granite Run Dr Ste 100

City

Lancaster

State

PA

Zip Code

17601-6816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lancaster Orthopedic Group

Occupation

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
08 / 02 / 2013

Transaction ID : 5208361

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael David Miller MD

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

University Orthopedic Specialists

Occupation

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
08 / 02 / 2013

Transaction ID : 5208363

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Todd Michael Oliver MD</p> <p>Mailing Address 8295 W Hwy UU</p> <p>City State Zip Code Columbia MO 65203</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 02 / 2013</p> <p>Transaction ID : 5208364</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Charles C Craig MD</p> <p>Mailing Address 3 Hawthorne Court</p> <p>City State Zip Code Newton KS 67114</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Pinnacle Orthopedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 02 / 2013</p> <p>Transaction ID : 5208366</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Scott John Deering MD</p> <p>Mailing Address 1605 Gleneagles Dr.</p> <p>City State Zip Code Bowling Green OH 43402-5236</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Bowling Green Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 02 / 2013</p> <p>Transaction ID : 5208367</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1500.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Samuel L Miller MD

Mailing Address 8955 Vaughn Rd

City State Zip Code
 Montgomery AL 36117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 08 01 2013

Transaction ID : 5208378

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher C Cooke MD

Mailing Address 15 Lark Lane

City State Zip Code
 Lancaster PA 17603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Orthopedic Associates, LLC

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
 08 01 2013

Transaction ID : 5208411

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gregory A Vrabec MD

Mailing Address 579 White Tail Ridge Dr

City State Zip Code
 Fairlawn OH 44333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Akron General Medical Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 01 2013

Transaction ID : 5208413

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Raymond M P Sherman MD

Mailing Address 865 East Sawgrass Trail

City State Zip Code
Dakota Dunes SD 57049

FEC ID number of contributing
federal political committee.

C

Name of Employer

CNOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 01 / 2013

Transaction ID : 5208414

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James Vincent Bruno MD

Mailing Address 37832 Atkins Knoll

City State Zip Code
Oconomowoc WI 53066-3921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fort Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2013

Transaction ID : 5208416

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert William Bucholz MD

Mailing Address 5323 Harry Hines Blvd

City State Zip Code
Dallas TX 75390-8870

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Southwestern

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 01 / 2013

Transaction ID : 5208417

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. T Clark Robinson MD

Mailing Address P.O. Box 1942

City

Nampa

State

ID

Zip Code

83653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saltzer Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2013

Transaction ID : 5208418

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Cyrus S Kump II, MD

Mailing Address 118 Tempsford Lane

City

Richmond

State

VA

Zip Code

23226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2013

Transaction ID : 5208419

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Paul Houde MD

Mailing Address 125 Mascoma Street

City

Lebanon

State

NH

Zip Code

03766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Regional Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2013

Transaction ID : 5208420

Amount of Each Receipt this Period

300.00

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

1300.00

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Prasad V Gourineni MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2013 Transaction ID : 5208421</p>		
<p>Mailing Address 3420 Adams Rd</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Oak Brook</p>	<p>State IL</p>	<p>Zip Code 60523-2708</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Jeffrey M Colbert MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2013 Transaction ID : 5208422</p>		
<p>Mailing Address 13160 Mindanao Way #325</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Marina Del Rey</p>	<p>State CA</p>	<p>Zip Code 90292-6614</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Don T Williams MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2013 Transaction ID : 5208424</p>		
<p>Mailing Address 17762 Moro Rd</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Salinas</p>	<p>State CA</p>	<p>Zip Code 93907-8524</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>750.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 G Birch MD

Mailing Address 9107 Brady Dr

City State Zip Code
 Dallas TX 75243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Scottish Rite Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2013

Transaction ID : 5212064

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Christopher O'Grady MD

Mailing Address 1 Shoreline Place

City State Zip Code
 Gulf Breeze FL 32561

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2013

Transaction ID : 5212066

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark Ruoff MD

Mailing Address 15 Sierra Ct

City State Zip Code
 Hillsdale NJ 07642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2013

Transaction ID : 5212068

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Stuart Eric Levine MD

Mailing Address 325 Princeton Ave

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Princeton Orthopaedic Associates

Occupation
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
08 / 05 / 2013

Transaction ID : 5212073

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richard Edmund Topping MD

Mailing Address 1502 Harrison Ave Ste 101

City State Zip Code
Elkins WV 26241-3497

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tygarts Valley Orthopaedics

Occupation
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
08 / 02 / 2013

Transaction ID : 5212075

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas R Lyons MD

Mailing Address 1429 Seventh St

City State Zip Code
New Orleans LA 70115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic Center for Sports Medicine

Occupation
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
08 / 02 / 2013

Transaction ID : 5212080

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael R McLean MD

Mailing Address 4415 Raguet St

City State Zip Code
 Nacogdoches TX 75965

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 02 / 2013

Transaction ID : 5212081

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Lyndon B Gross MD, PhD

Mailing Address 529 North and South Rd

City State Zip Code
 University City MO 63130-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Ortho Ctr of St Louis

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2013

Transaction ID : 5212083

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Ignatius Kung MD

Mailing Address 21325 Windy Hill Dr

City State Zip Code
 Frankfort IL 60423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southland Bone & Joint

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 02 / 2013

Transaction ID : 5212084

Amount of Each Receipt this Period

1000.00

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

1800.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David E Hockman MD

Mailing Address 2413 Lacewood

City	State	Zip Code
Columbia	MO	65201

FEC ID number of contributing federal political committee.

C

Name of Employer

Columbia Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

Transaction ID : 5212085

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. D Marshall Jamison MD

Mailing Address 538 West Brow Rd

City	State	Zip Code
Lookout Mountain	TN	37350

FEC ID number of contributing federal political committee.

C

Name of Employer

Plastic Surgery Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

Transaction ID : 5212086

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dante A Marra MD

Mailing Address 2000 Eoff St #602

City	State	Zip Code
Wheeling	WV	26003-6389

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2013

Transaction ID : 5212101

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

Use separate schedule(s)
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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. Amy L McIntosh MD

Mailing Address 200 First Street SW
 Gonda Building 14th Floor

City State Zip Code
 Rochester MN 55905

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

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
 08 / 01 / 2013

Transaction ID : 5212103

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Young Jo Kim MD, PhD

Mailing Address Hunnewell 225
 300 Longwood Ave

City State Zip Code
 Boston MA 02115

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Childrens Ortho Surgical

Occupation

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
 08 / 01 / 2013

Transaction ID : 5212104

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Edward J Hellman MD

Mailing Address 12715 Norfolk Ln

City State Zip Code
 Carmel IN 46032

FEC ID number of contributing
 federal political committee.

C

Name of Employer

OrthoIndy

Occupation

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
 08 / 01 / 2013

Transaction ID : 5212110

Amount of Each Receipt this Period

1000.00

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

2300.00

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Jeffrey L Lovallo MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2013 Transaction ID : 5212111</p>		
<p>Mailing Address 7107 Elizabeth Dr</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Mc Lean</p>	<p>State VA</p>	<p>Zip Code 22101-2624</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Kristen Lee Carroll MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2013 Transaction ID : 5212112</p>		
<p>Mailing Address 790 Donner Hill Circle</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Salt Lake City</p>	<p>State UT</p>	<p>Zip Code 84108-1752</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Shriners Hospital</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Nirmal C Tejwani MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 05 / 2013 Transaction ID : 5212117</p>		
<p>Mailing Address 84 Northwood Ave</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Demarest</p>	<p>State NJ</p>	<p>Zip Code 07627</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer NYU Medical Center</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1500.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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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. Brian R Wolf MD

Mailing Address 66 Crabapple Ct

City

Iowa City

State

IA

Zip Code

52246

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2013

Transaction ID : 5212118

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Craig J Della Valle MD

Mailing Address 600 N Lake Shore Dr
Apt 2805

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Orthopaedics at Rush

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2013

Transaction ID : 5212119

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James T Mazzara MD

Mailing Address 3 Clermont Park

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2013

Transaction ID : 5212120

Amount of Each Receipt this Period

500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael Gayle Klassen MD

Mailing Address 10 Harris Ct Bldg A Ste A
P.O. Box 2019

City Monterey State CA Zip Code 93942-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer

MPOSMI

Occupation

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
08 / 01 / 2013

Transaction ID : 5212538

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William M Strassberg MD

Mailing Address 36 Sailors Bluff

City Northport State ME Zip Code 04849-3063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Desert Island Hospital

Occupation

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
08 / 11 / 2013

Transaction ID : 5228256

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Felix H Savoie III, MD

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

Tulane University

Occupation

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
08 / 07 / 2013

Transaction ID : 5235585

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Patrick Alton Dawson MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 07 / 2013 Transaction ID : 5235589</p>		
<p>Mailing Address 103901 E Tripple Vista Dr</p>			<p>Amount of Each Receipt this Period 250.00</p>		
City	State	Zip Code			
Kennewick	WA	99338			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		Occupation			
		Orthopaedic Surgeon			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Craig P Smith MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 07 / 2013 Transaction ID : 5235592</p>		
<p>Mailing Address 4140 Centennial Hills Blvd Ste A</p>			<p>Amount of Each Receipt this Period 500.00</p>		
City	State	Zip Code			
Casper	WY	82609			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Casper Orthopaedics</p>		Occupation			
		Orthopaedic Surgeon			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Ian Lin MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 07 / 2013 Transaction ID : 5235593</p>		
<p>Mailing Address 104 Foster Dr</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
City	State	Zip Code			
Des Moines	IA	50312-2538			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Des Moines Ortho Surgeons</p>		Occupation			
		Orthopaedic Surgeon			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			1750.00		
<p>TOTAL This Period (last page this line number only).....▶</p>					

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Robert P Nirschl MD</p> <p>Mailing Address 1715 N George Mason Dr Ste 504</p> <p>City State Zip Code Arlington VA 22205-3609</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Nirschl Orthopedic Sports Medi Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 08 / 2013</p> <p>Transaction ID : 5235598</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) B. Mark Chong Lee MD</p> <p>Mailing Address 3 Hamilton Way</p> <p>City State Zip Code Farmington CT 06032</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Connecticut Children's Medical Center Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 08 / 2013</p> <p>Transaction ID : 5235599</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) c. Craig Dunwody Cameron DO</p> <p>Mailing Address 717 Big Holley Drive</p> <p>City State Zip Code Martinez GA 30907-3431</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Department of the Army Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 08 / 2013</p> <p>Transaction ID : 5235601</p> <p>Amount of Each Receipt this Period 300.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		1050.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

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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. Steven S Ratcliffe MD

Mailing Address 2547 103rd Ave SE

City State Zip Code
 Bellevue WA 98004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 09 / 2013

Transaction ID : 5235602

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Peter A Looby MD

Mailing Address 810 E 23rd St Ste 5000

City State Zip Code
 Sioux Falls SD 57105-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : 5235603

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Christopher M Miller MD

Mailing Address 5059 S Greenbriar Ave

City State Zip Code
 Springfield MO 65804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ferrell-Duncan Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : 5235607

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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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. Jay R Lieberman MD

Mailing Address 7304 Beverly Blvd #256

City State Zip Code
Los Angeles CA 90036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Connecticut Health Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 09 / 2013

Transaction ID : 5235608

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Martin Boublik MD

Mailing Address 8200 E Belleview Ave Ste 615E

City State Zip Code
Greenwood Village CO 80111-2898

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steadman Hawkins Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 09 / 2013

Transaction ID : 5235609

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel S Rich MD

Mailing Address 585 Plandome Rd Ste 103

City State Zip Code
Manhasset NY 11030-1971

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shelter Rock Orthopedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 09 / 2013

Transaction ID : 5235611

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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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. Allen A Deutsch MD

Mailing Address 4516 Oleander St

City

Bellaire

State

TX

Zip Code

77401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kelsey Seybold Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 09 / 2013

Transaction ID : 5235613

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert A Wainer MD

Mailing Address 1130 N Church St Ste 100

City

Greensboro

State

NC

Zip Code

27401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeastern Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 09 / 2013

Transaction ID : 5235614

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Todd Shapiro MD

Mailing Address 9113 Cross Water Dr

City

Bakersfield

State

CA

Zip Code

93312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern California Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 09 / 2013

Transaction ID : 5235615

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. John Marcus Dickason MD</p> <p>Mailing Address 1224 Calle Lago Dr</p> <p>City State Zip Code El Paso TX 79912</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation El Paso Orthopaedic Surg Group Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 08 / 2013</p> <p>Transaction ID : 5235622</p> <p>Amount of Each Receipt this Period 300.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Johan J Penninck MD</p> <p>Mailing Address 1720 Murchison Drive</p> <p>City State Zip Code El Paso TX 79902</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation El Paso Orthopaedic Surg Group Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 08 / 2013</p> <p>Transaction ID : 5235623</p> <p>Amount of Each Receipt this Period 300.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Scott A Protzman MD</p> <p>Mailing Address 5868 Via Cuesta Dr</p> <p>City State Zip Code El Paso TX 79912</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation El Paso Orthopaedic Surg Group Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 08 / 2013</p> <p>Transaction ID : 5235624</p> <p>Amount of Each Receipt this Period 300.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>900.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David J Mansfield MD

Mailing Address 5550 Cory Dr

City State Zip Code
 El Paso TX 79932

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Paso Orthopaedic Surg Group

Occupation

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
 08 / 08 / 2013

Transaction ID : 5235625

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Luis H Urrea II, MD

Mailing Address 5009 Vista Del Monte

City State Zip Code
 El Paso TX 79922

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Paso Orthopaedic Surg Group

Occupation

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
 08 / 08 / 2013

Transaction ID : 5235626

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Robert Randolph Bell MD

Mailing Address 1700 Murchison

City State Zip Code
 El Paso TX 79902

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Paso Orthopaedic Surg Group

Occupation

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
 08 / 08 / 2013

Transaction ID : 5235627

Amount of Each Receipt this Period

300.00

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

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

900.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Craig Dunwody Cameron DO

Mailing Address 717 Big Holley Drive

City State Zip Code
 Martinez GA 30907-3431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Department of the Army

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 08 / 2013

Transaction ID : 5235628

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Michael A Fallon MD

Mailing Address 6211 Franklin Hawk Dr

City State Zip Code
 El Paso TX 79912

FEC ID number of contributing
federal political committee.

C

Name of Employer
El Paso Orthopaedic Surg Group

Occupation
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
 08 / 08 / 2013

Transaction ID : 5235629

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. John S Jackson DO

Mailing Address 4843 Olmos St

City State Zip Code
 El Paso TX 79922-1751

FEC ID number of contributing
federal political committee.

C

Name of Employer
El Paso Orthopaedic Surg Group

Occupation
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
 08 / 08 / 2013

Transaction ID : 5235630

Amount of Each Receipt this Period

300.00

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

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

900.00

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Andrew J Palafox MD

Mailing Address 331 Crown Point Dr

City State Zip Code
 El Paso TX 79912

FEC ID number of contributing
federal political committee.

C

Name of Employer
 El Paso Orthopaedic Surg Group

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 08 / 2013

Transaction ID : 5235632

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Gregory D Carlson MD

Mailing Address 10031 Deerhaven Dr

City State Zip Code
 Santa Ana CA 92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

08 / 08 / 2013

Transaction ID : 5235633

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

c. Douglas Cabot Wong MD

Mailing Address 23769 Shooting Star Dr

City State Zip Code
 Golden CO 80401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Panorama Ortho & Spine Center

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2013

Transaction ID : 5235642

Amount of Each Receipt this Period

250.00

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

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

2050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Douglas J Straehley MD

Mailing Address 14590 W 58th Pl

City

Arvada

State

CO

Zip Code

80004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2013

Transaction ID : 5235643

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eric J Stahl MD

Mailing Address 151 Alexander Ave

City

Snowmass

State

CO

Zip Code

81654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2013

Transaction ID : 5235644

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David J Schneider MD

Mailing Address 711 Skywalker Point

City

Lafayette

State

CO

Zip Code

80026-3349

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2013

Transaction ID : 5235645

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Edmund B Rowland Jr, MD

Mailing Address 31254 Sugar Hill Lane

City State Zip Code
 Evergreen CO 80439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

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
 08 07 2013

Transaction ID : 5235646

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Walter G Robinson Jr, MD

Mailing Address 3042 Nelsoon Dr

City State Zip Code
 Lakewood CO 80215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

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
 08 07 2013

Transaction ID : 5235727

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mitchel S Robinson MD

Mailing Address 660 Golden Ridge Road
 Suite 250

City State Zip Code
 Golden CO 80401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

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
 08 07 2013

Transaction ID : 5235728

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Thomas Joseph Puschak MD

Mailing Address 5275 Dunraven Circle

City

Golden

State

CO

Zip Code

80403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

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
08 / 07 / 2013

Transaction ID : 5235729

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William Joseph Peace MD

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

Panorama Ortho & Spine Center

Occupation

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
08 / 07 / 2013

Transaction ID : 5235730

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Nimesh Patel MD

Mailing Address 570 Eagle Nest Ct

City

Golden

State

CO

Zip Code

80401-0907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

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
08 / 07 / 2013

Transaction ID : 5235731

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Patrick McNair MD

Mailing Address 10363 Carriage Club Drive

City State Zip Code
Lone Tree CO 80124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

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
08 07 2013

Transaction ID : 5235733

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Roger E Murken MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
Golden CO 80401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

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
08 07 2013

Transaction ID : 5235734

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark F Mills MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
Golden CO 80401-9522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

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
08 07 2013

Transaction ID : 5235735

Amount of Each Receipt this Period

250.00

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

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

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 60 OF 421
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lonnie E Loutzenhiser MD

Mailing Address 1745 Foothills Dr S

City	State	Zip Code
Golden	CO	80401-9167

FEC ID number of contributing federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	07	/	2013

Transaction ID : 5235736

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter Lammens MD

Mailing Address 660 Golden Ridge Rd Ste 250

City	State	Zip Code
Golden	CO	80401-9522

FEC ID number of contributing federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	07	/	2013

Transaction ID : 5235737

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James T Johnson MD

Mailing Address 1176 E Layton Ave

City	State	Zip Code
Englewood	CO	80113-7036

FEC ID number of contributing federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	07	/	2013

Transaction ID : 5236116

Amount of Each Receipt this Period

250.00

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)
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 Detailed Summary Page

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 (check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Raeburn M Jenkins MD

Mailing Address 660 Golden Ridge Rd Ste 250

City	State	Zip Code
Golden	CO	80401

FEC ID number of contributing federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		07		2013

Transaction ID : 5236118

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles Adam Gottlob MD
Mailing Address Panorama Orthopedics
660 Golden Ridge Rd #250

City	State	Zip Code
Golden	CO	80401

FEC ID number of contributing federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		07		2013

Transaction ID : 5236119

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas G Friermood MD

Mailing Address 2635 Vivian St

City	State	Zip Code
Lakewood	CO	80215

FEC ID number of contributing federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		07		2013

Transaction ID : 5236120

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 62 OF 421
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Douglas A Foulk MD

Mailing Address 660 Golden Ridge Road
Ste. 250

City State Zip Code
Golden CO 80401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

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
08 07 2013

Transaction ID : 5236121

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jared R H Foran MD

Mailing Address 1735 19th Street
4A

City State Zip Code
Denver CO 80202-1946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

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
08 07 2013

Transaction ID : 5236140

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bharat M Desai MD

Mailing Address 7955 Spirit Ranch Rd

City State Zip Code
Golden CO 80403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

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
08 07 2013

Transaction ID : 5236141

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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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. Premjit Deol DO

Mailing Address 1690 Bassett St Unit 11

City State Zip Code
 Denver CO 80202

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Panorama Ortho & Spine Center

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2013

Transaction ID : 5236142

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark J Conklin MD

Mailing Address 1702 Sand Lily Dr

City State Zip Code
 Golden CO 80401

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Panorama Ortho & Spine Center

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2013

Transaction ID : 5236143

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Christopher M Brian MD

Mailing Address 6 White Birch

City State Zip Code
 Littleton CO 80127

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Panorama Ortho & Spine Center

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2013

Transaction ID : 5236144

Amount of Each Receipt this Period

250.00

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)
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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. Amit Agarwala MD

Mailing Address 660 Golden Ridge Rd Suite 250

City State Zip Code
Golden CO 80401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

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
08 07 2013

Transaction ID : 5236147

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard A Biama MD

Mailing Address 1566 Edgehill Ln

City State Zip Code
Redlands CA 92373

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arrowhead Orthopaedics

Occupation

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
08 07 2013

Transaction ID : 5236148

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Leland C McCluskey MD

Mailing Address 1910 Hilton Ave

City State Zip Code
Columbus GA 31906

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Francis Hospital

Occupation

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
08 07 2013

Transaction ID : 5236149

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. William John Jason MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 07 / 2013 Transaction ID : 5236152</p>	
<p>Mailing Address 12212 Cortez Boulevard</p>			<p>Amount of Each Receipt this Period 380.00</p>	
<p>City Brooksville</p>	<p>State FL</p>	<p>Zip Code 34613</p>		
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 380.00</p>		
<p>Full Name (Last, First, Middle Initial) B. Joseph C DiRaimondo MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2013 Transaction ID : 5240870</p>	
<p>Mailing Address 1636 Miriam Rd</p>			<p>Amount of Each Receipt this Period 1000.00</p>	
<p>City Manitowoc</p>	<p>State WI</p>	<p>Zip Code 54220-4039</p>		
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Orthopaedic Associates</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>		
<p>Full Name (Last, First, Middle Initial) C. Robert L Shackleton MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2013 Transaction ID : 5240871</p>	
<p>Mailing Address 130 W Oakridge Park</p>			<p>Amount of Each Receipt this Period 1000.00</p>	
<p>City Metairie</p>	<p>State LA</p>	<p>Zip Code 70005</p>		
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Bone & Joint Clinic</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2380.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Alan W Christensen MD</p> <p>Mailing Address 25 W. Crystal Lake St. Suite 200</p> <p>City State Zip Code Orlando FL 32806</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Orlando Orthopaedic Center Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2013</p> <p>Transaction ID : 5240880</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Victor Goldberg MD</p> <p>Mailing Address 1710 County Line</p> <p>City State Zip Code Gates Mills OH 44040</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2013</p> <p>Transaction ID : 5240882</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Patrick A Smith MD</p> <p>Mailing Address 1305 Westview Terr</p> <p>City State Zip Code Columbia MO 65203</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Columbia Orthopaedic Group Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2013</p> <p>Transaction ID : 5240883</p> <p>Amount of Each Receipt this Period 225.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>975.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

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

A. Ravi Patel MD Full Name (Last, First, Middle Initial) Mailing Address 1810 Ladino Rd City Sacramento State CA Zip Code 95864 FEC ID number of contributing federal political committee. C Name of Employer Mercy Medical Group Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2013 Transaction ID : 5240884 Amount of Each Receipt this Period 250.00
B. Louis A DiGiovanni MD Full Name (Last, First, Middle Initial) Mailing Address Hudson Valley Ortho 23 Fish & Game Rd City Hudson State NY Zip Code 12534 FEC ID number of contributing federal political committee. C Name of Employer Columbia Memorial Hospital Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2013 Transaction ID : 5240892 Amount of Each Receipt this Period 250.00
C. Lisa DeGnore MD Full Name (Last, First, Middle Initial) Mailing Address 4641 Collinswood Dr City Lexington State KY Zip Code 40515-6202 FEC ID number of contributing federal political committee. C Name of Employer Ortho Kentucky Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2013 Transaction ID : 5240893 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)..... ▶			750.00
TOTAL This Period (last page this line number only)..... ▶			

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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. Matthew Cole Bernhard MD

Mailing Address 1678 State Route 60

City

Ashland

State

OH

Zip Code

44805-9372

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2013

Transaction ID : 5240894

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Tye Ouzounian MD

Mailing Address 17401 Magnolia Blvd

City

Encino

State

CA

Zip Code

91316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2013

Transaction ID : 5240896

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. R Bryan Griffith Jr, MD

Mailing Address 8080 Bluebonnet Blvd Ste 1000

City

Baton Rouge

State

LA

Zip Code

70810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baton Rouge Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2013

Transaction ID : 5240897

Amount of Each Receipt this Period

250.00

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

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

1500.00

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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 Harris Perlman MD

Mailing Address 5995 S Paris Place

City State Zip Code
Greenwood Village CO 80111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colorado Permanente Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2013

Transaction ID : 5240898

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kristoffer Meyers Breien MD

Mailing Address 2091 Vining Dr Unit A

City State Zip Code
Saint Paul MN 55125-7582

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 13 / 2013

Transaction ID : 5240899

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. David Mark Christensen MD

Mailing Address 1411 Falls Ave East
Unit 1301

City State Zip Code
Twin Falls ID 83301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2013

Transaction ID : 5240900

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael M Hess MD

Mailing Address 221 Paradiso Ln

City State Zip Code
Centerville UT 84014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
08 / 13 / 2013

Transaction ID : 5240901

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gabriel James Hommel MD

Mailing Address 134 Millwood Rd.

City State Zip Code
Bristol TN 37620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Appalachian Orthopaedic Associates

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2013

Transaction ID : 5240903

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Timothy Ian Mullin MD

Mailing Address N49W28220 Maryanns Way

City State Zip Code
Pewaukee WI 53072-1783

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Froedt Health

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
08 / 13 / 2013

Transaction ID : 5240907

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Thomas A Mutschler MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2013 Transaction ID : 5240911</p>		
<p>Mailing Address 1368 Rostraver Rd</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Belle Vernon</p>	<p>State PA</p>	<p>Zip Code 15012</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Allegheny Health Systems</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) B. David R Schmidt MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2013 Transaction ID : 5240912</p>		
<p>Mailing Address 21 Spurs Ln Ste 300</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City San Antonio</p>	<p>State TX</p>	<p>Zip Code 78240-1545</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Sports Med Assoc of San Antonio</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) C. John B Meade MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2013 Transaction ID : 5240913</p>		
<p>Mailing Address 703 Comfort Lane</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Monroe</p>	<p>State NC</p>	<p>Zip Code 28104</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Ortho Carolina</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>2500.00</p>		
<p>TOTAL This Period (last page this line number only).....▶</p>					

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Charles F Leinberry MD

Mailing Address 20 Ivy Ln

City State Zip Code
 Chester Springs PA 19425

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rothman Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2013

Transaction ID : 5240915

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert S Kramer MD

Mailing Address 8 Vouga Ln

City State Zip Code
 Saint Louis MO 63131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metropolitan Orthopedics Ltd

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2013

Transaction ID : 5240916

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Stephen Austin Hunt MD

Mailing Address 7 Pheasant Run Dr

City State Zip Code
 Basking Ridge NJ 07920

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bedminster Ortho & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 13 / 2013

Transaction ID : 5240917

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David Turner Jones MD

Mailing Address Bone and Joint Surgery Clinic
 3410 Executive Dr Ste 103

City Raleigh State NC Zip Code 27609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 13 / 2013

Transaction ID : 5240918

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. George F Muschler MD

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

Occupation

The Cleveland Clinic Foundation

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
 08 / 13 / 2013

Transaction ID : 5240919

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Champine MD

Mailing Address 2928 Stanford Ave.

City Dallas State TX Zip Code 75225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 13 / 2013

Transaction ID : 5240920

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. T J Rasmussen MD

Mailing Address 26765 W 103rd St

City State Zip Code
 Olathe KS 66061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho & Sports Med Consultants

Occupation

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
 08 / 24 / 2013

Transaction ID : 5272668

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Clayton B Brandes MD

Mailing Address 9536 NE 31st St

City State Zip Code
 Bellevue WA 98004-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Proliance Surgeons

Occupation

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
 08 / 23 / 2013

Transaction ID : 5274679

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Andrew Lawrence Whaley MD

Mailing Address 46 Cabernet

City State Zip Code
 San Antonio TX 78258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
 08 / 23 / 2013

Transaction ID : 5274681

Amount of Each Receipt this Period

250.00

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

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

2500.00

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

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Detailed Summary Page

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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. Robert Gordon Veith MD

Mailing Address 650 Bellevue Way NE Unit# 2404

City State Zip Code
 Bellevue WA 98004-5053

FEC ID number of contributing
federal political committee.

C

Name of Employer

Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2013

Transaction ID : 5274684

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Torin J Cunningham MD

Mailing Address 48 Sea Ter

City State Zip Code
 Newport Coast CA 92657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Ortho Specialty Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2013

Transaction ID : 5274685

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert E Mitchell MD

Mailing Address 241 High Ridge

City State Zip Code
 Kerrville TX 78028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2013

Transaction ID : 5274687

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Haik G Kavookjian MD

Mailing Address 555 Newfield Ave

City

Stamford

State

CT

Zip Code

06950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2013

Transaction ID : 5274690

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Blane William McCoy MD

Mailing Address Medical Arts Ctr IV

6115 Powers Blvd Ste 100

City

Parma

State

OH

Zip Code

44129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2013

Transaction ID : 5274691

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Norman P Zemel MD

Mailing Address 970 Cape Marco Dr, Unit 805

City

Marco Island

State

FL

Zip Code

34145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2013

Transaction ID : 5274695

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. D Kay Kirkpatrick MD

Mailing Address 2926 Ashebrooke Dr

City State Zip Code
Marietta GA 30068

FEC ID number of contributing federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

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
08 / 21 / 2013

Transaction ID : 5274696

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Larry D Herron MD

Mailing Address 219 Indio

City State Zip Code
Shell Beach CA 93449

FEC ID number of contributing federal political committee.

C

Name of Employer

Central Coast Orthopaedic Medicine

Occupation

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
08 / 19 / 2013

Transaction ID : 5274785

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marvin R Leventhal MD

Mailing Address 151 Greenbriar Dr

City State Zip Code
Memphis TN 38117-3207

FEC ID number of contributing federal political committee.

C

Name of Employer

Memphis Orthopedic Group

Occupation

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
08 / 19 / 2013

Transaction ID : 5274786

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

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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. James C Vailas MD

Mailing Address 42 Cortland Dr

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Orthopedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 19 / 2013

Transaction ID : 5274787

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. A Lee Hunter Jr, MD

Mailing Address 1050 N Jms Campbell Blvd #200

City

Columbia

State

TN

Zip Code

38401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2013

Transaction ID : 5274788

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alan R McCall MD

Mailing Address 7447 W Talcott Ave Ste 500

City

Chicago

State

IL

Zip Code

60631-3745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2013

Transaction ID : 5274790

Amount of Each Receipt this Period

500.00

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

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

1750.00

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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 R Rasmussen MD

Mailing Address 8713 Catalina Dr

City State Zip Code
 Prairie Village KS 66207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 26 / 2013

Transaction ID : 5275049

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James William Barber MD

Mailing Address 100 Doctors Dr Ste 103

City State Zip Code
 Douglas GA 31533-2211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 27 / 2013

Transaction ID : 5276756

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Christopher John Lang MD

Mailing Address 1215 W Chaucer

City State Zip Code
 Spokane WA 99208-8675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Spokane Orthopedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2013

Transaction ID : 5280375

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Dante A Brittis MD

Mailing Address 212 Center St

City State Zip Code
 Southport CT 06890

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSG

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2013

Transaction ID : 5280376

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Daniel M Ward MD

Mailing Address 14 Upland Rd

City State Zip Code
 Wellesley MA 02482

FEC ID number of contributing
federal political committee.

C

Name of Employer

Longwood Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 19 / 2013

Transaction ID : 5280377

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeff Alan Traub MD

Mailing Address 215 Bright Water Cove

City State Zip Code
 Alpharetta GA 30022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 19 / 2013

Transaction ID : 5280379

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Derek L Snook MD</p> <p>Mailing Address 170 Taylor Station Rd</p> <p>City State Zip Code Columbus OH 43213</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Cardinal Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 21 2013</p> <p>Transaction ID : 5280414</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Brian D Mulliken MD</p> <p>Mailing Address 35 Brett Manor Ct</p> <p>City State Zip Code Hunt Valley MD 21030</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation University of Maryland Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 21 2013</p> <p>Transaction ID : 5280417</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Kenneth M Caldwell MD</p> <p>Mailing Address 80 Grand Ave 3rd Fl</p> <p>City State Zip Code Oakland CA 94612</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 21 2013</p> <p>Transaction ID : 5280418</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1500.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Thomas D McClain MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 21 / 2013 Transaction ID : 5280420</p>		
<p>Mailing Address 1531 S Cedar Ridge</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Springfield</p>	<p>State MO</p>	<p>Zip Code 65809</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Orthopaedic Specialist Inc</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Alan Pechacek MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 22 / 2013 Transaction ID : 5281096</p>		
<p>Mailing Address 8 Stonehenge</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Jackson</p>	<p>State TN</p>	<p>Zip Code 38305</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Jackson Clinic</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Douglas W Pahl MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 22 / 2013 Transaction ID : 5281098</p>		
<p>Mailing Address 6500-1 Green Island Drive</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Columbus</p>	<p>State GA</p>	<p>Zip Code 31904</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1250.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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 (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Joshua Jon Rother MD

Mailing Address 4893 Lakeway Dr

City

Duluth

State

MN

Zip Code

55811-9614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Association of Duluth

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	3

Transaction ID : 5281099

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph G Martin MD

Mailing Address 2300 53rd Ave Ste 100

City

Bettendorf

State

IA

Zip Code

52722-7565

FEC ID number of contributing
federal political committee.

C

Name of Employer

ORA Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	3

Transaction ID : 5281103

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert Q Lewis MD

Mailing Address 6118 Parkway Dr

City

Corpus Christi

State

TX

Zip Code

78414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	3

Transaction ID : 5281105

Amount of Each Receipt this Period

300.00

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

1800.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Kenneth Levitsky MD

Mailing Address 28-04 Broadway

City State Zip Code
Fair Lawn NJ 07410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Garden State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 22 / 2013

Transaction ID : 5281106

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lawrence Berson MD

Mailing Address 71 Arlen Way

City State Zip Code
West Hartford CT 06117

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOS,PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2013

Transaction ID : 5281316

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Benjamin David Sutker MD

Mailing Address 2 Hibernia Rd

City State Zip Code
Savannah GA 31400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeastern Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 02 / 2013

Transaction ID : 5288575

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Anthony S Wei MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 03 / 2013 Transaction ID : 5290119</p>		
<p>Mailing Address 20529 SE Brady Rd</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Camas</p>	<p>State WA</p>	<p>Zip Code 98607</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Northwest Surgical Specialists</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 2000.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Cassim M Igram MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2013 Transaction ID : 5291962</p>		
<p>Mailing Address 1755 NW 130th Street</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Clive</p>	<p>State IA</p>	<p>Zip Code 50325</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Iowa Orthopaedic Center</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Chad A Krueger MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2013 Transaction ID : 5294826</p>		
<p>Mailing Address 14827 Forward Pass</p>			<p>Amount of Each Receipt this Period 30.00</p>		
<p>City San Antonio</p>	<p>State TX</p>	<p>Zip Code 78248-0974</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer U.S. Army</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 210.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1530.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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

Use separate schedule(s)
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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. Zachary Craig Hamby MD

Mailing Address 201 State St

City

Newburgh

State

IN

Zip Code

47630-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tri-State Orthopedic Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2013

Transaction ID : 5307978

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christian P Christensen MD

Mailing Address 1700 Lakewood Ln

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lexington Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 11 / 2013

Transaction ID : 5307982

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steven M Theiss MD

Mailing Address 1313 13th Street South

Orthopaedic Specialties Building

City

Birmingham

State

AL

Zip Code

35205

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 11 / 2013

Transaction ID : 5307983

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

Use separate schedule(s)
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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. Lars C Richardson MD

Mailing Address 1101 Beacon St Ste 501W

City State Zip Code
Brookline MA 02446-5595

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meeks & Zilberfarb Orthopaedics

Occupation
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
09 / 03 / 2013

Transaction ID : 5308079

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John T Quigley MD

Mailing Address 301 W. Huntington Drive

City State Zip Code
Arcadia CA 91007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Congress Orthopaedics

Occupation
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
09 / 03 / 2013

Transaction ID : 5308081

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Donald A Hackbarth Jr, MD

Mailing Address N70 W14567 Terrace Drive

City State Zip Code
Menomonee Falls WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Wisconsin

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 03 / 2013

Transaction ID : 5308082

Amount of Each Receipt this Period

750.00

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

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

2750.00

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

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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. Matthew R Brand MD

Mailing Address Finger Lakes Ortho Surgery
300 Hoffman St

City Elmira State NY Zip Code 14905

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 03 / 2013

Transaction ID : 5308085

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Scott A Langford MD

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

Rockhill Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 03 / 2013

Transaction ID : 5308157

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Donald R Johnson MD

Mailing Address 1106 Chuck Dawley Blvd #200

City Mount Pleasant State SC Zip Code 29464-4183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeastern Spine Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 03 / 2013

Transaction ID : 5308159

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

Use separate schedule(s)
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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. Scott A Meyer MD

Mailing Address 1401 S 42nd St

City State Zip Code
West Des Moines IA 50265-5349

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Orthopaedic Center

Occupation
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
09 / 03 / 2013

Transaction ID : 5308528

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David E Ede MD

Mailing Address 415 Morris St Ste 104

City State Zip Code
Charleston WV 25301-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
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
09 / 05 / 2013

Transaction ID : 5308555

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Garrett J Lynch MD

Mailing Address 2003 Medical Pkwy Ste 400

City State Zip Code
Annapolis MD 21401-3088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anne Arundel Orthopaedic Surgeons

Occupation
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
09 / 05 / 2013

Transaction ID : 5308556

Amount of Each Receipt this Period

250.00

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

1500.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Joel Anthony Wallskog MD</p> <p>Mailing Address 12907 N Highgate Ct</p> <p>City State Zip Code Mequon WI 53097</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Aurora Advanced Healthcare Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013</p> <p>Transaction ID : 5308557</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Joseph E Slappey Jr, MD</p> <p>Mailing Address 350 North Rivoli Farms Drive</p> <p>City State Zip Code Macon GA 31210</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Forsyth St. Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013</p> <p>Transaction ID : 5308559</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Ciro Cirrincione MD</p> <p>Mailing Address 19 S Meadow Ct</p> <p>City State Zip Code South Barrington IL 60010</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Barrington Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013</p> <p>Transaction ID : 5308561</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Jeffrey Charles Easom DO</p> <p>Mailing Address 123 Langston Road</p> <p>City State Zip Code Perry GA 31069-9320</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Middle GA Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2013</p> <p>Transaction ID : 5308565</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Paramjeet Singh Gill MD</p> <p>Mailing Address 1630 E Herndon Ave Ste 303</p> <p>City State Zip Code Fresno CA 93720</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013</p> <p>Transaction ID : 5308570</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Eric M Stehly MD</p> <p>Mailing Address 661 Knights Way</p> <p>City State Zip Code Coppell TX 75019</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013</p> <p>Transaction ID : 5308571</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1250.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. John G Heller MD</p> <p>Mailing Address 59 Executive Park South NE Ste 3000</p> <p>City Atlanta State GA Zip Code 30329-2208</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Emory Spine Center Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013</p> <p>Transaction ID : 5308572</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name (Last, First, Middle Initial) B. Daniel T Weber MD</p> <p>Mailing Address 1230 Braeburn Ave</p> <p>City Flossmoor State IL Zip Code 60422</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013</p> <p>Transaction ID : 5308575</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) C. William J Maloney MD</p> <p>Mailing Address 450 Broadway Mail Code 6342</p> <p>City Redwood City State CA Zip Code 94063</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Stanford University Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013</p> <p>Transaction ID : 5308576</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>2500.00</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Jefferson C Brand Jr, MD</p> <p>Mailing Address 111th Ave, Suite 101</p> <p>City State Zip Code Alexandria MN 56308</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Heartland Orthopedic Specialists Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013</p> <p>Transaction ID : 5308577</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Sanjiv H Naidu MD</p> <p>Mailing Address Fredericksen Outpatient Center 2015 Technology Pkwy</p> <p>City State Zip Code Mechanicsburg PA 17050</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 03 / 2013</p> <p>Transaction ID : 5308584</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Frederick M Azar MD</p> <p>Mailing Address 1211 Union Ave Ste 500</p> <p>City State Zip Code Memphis TN 38104</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Campbell Clinic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 03 / 2013</p> <p>Transaction ID : 5308585</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

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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. Patrick M Collalto MD

Mailing Address 6 Sand Hill Rd Ste 102

City State Zip Code
 Flemington NJ 08822-4946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hunterdon Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 03 / 2013

Transaction ID : 5308589

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael M Leighton MD

Mailing Address 704 Nighthawk Way

City State Zip Code
 North Palm Beach FL 33408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 03 / 2013

Transaction ID : 5308590

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert H Sandmeier MD

Mailing Address 2038 NW 127th Pl

City State Zip Code
 Portland OR 97229

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Portland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 03 / 2013

Transaction ID : 5308599

Amount of Each Receipt this Period

250.00

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

1500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael A Simon MD

Mailing Address 5841 S Maryland Ave Ste MC6098

City State Zip Code
 Chicago IL 60637-1448

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Chicago

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 03 / 2013

Transaction ID : 5308600

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeffrey M Krusniak DO

Mailing Address 825 Arbutus Dr

City State Zip Code
 Cadillac MI 49601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 03 / 2013

Transaction ID : 5308601

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Russell A Betcher MD

Mailing Address 1422 Old Weisgarber Rd

City State Zip Code
 Knoxville TN 37909-1293

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 03 / 2013

Transaction ID : 5308602

Amount of Each Receipt this Period

500.00

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

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

2000.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Paul T Rud MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 03 / 2013 Transaction ID : 5308604</p>		
<p>Mailing Address 15684 Birchwood Ln</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Brainerd</p>	<p>State MN</p>	<p>Zip Code 56401</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Northern Orthopedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Michael A Thorpe MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 03 / 2013 Transaction ID : 5308605</p>		
<p>Mailing Address 2979 Squalicum Pkwy Ste 203</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Bellingham</p>	<p>State WA</p>	<p>Zip Code 98225-1813</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Pacific Rim Orthopaedic Surgeons</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) C. David W Shenton Jr, MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 03 / 2013 Transaction ID : 5308606</p>		
<p>Mailing Address 3134 Sycamore Ln</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Billings</p>	<p>State MT</p>	<p>Zip Code 59102-0524</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Ortho Montana</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1250.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Kanwaldeep S Sidhu MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 03 / 2013 Transaction ID : 5308607</p>	
<p>Mailing Address 20 Belle Meade</p>			<p>Amount of Each Receipt this Period 250.00</p>	
<p>City State Zip Code Grosse Pointe Shores MI 48236</p>				
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Occupation St Clair Orthopaedics Orthopaedic Surgeon</p>				
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼ 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. James J Dietz MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 03 / 2013 Transaction ID : 5308608</p>	
<p>Mailing Address 1156 Yorkshire</p>			<p>Amount of Each Receipt this Period 250.00</p>	
<p>City State Zip Code Grosse Pointe Park MI 48230-1101</p>				
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Occupation St Clair Orthopaedics Orthopaedic Surgeon</p>				
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼ 250.00</p>	
<p>Full Name (Last, First, Middle Initial) c. Christopher Zingas MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 03 / 2013 Transaction ID : 5308609</p>	
<p>Mailing Address 23829 Little Mack Ste 100</p>			<p>Amount of Each Receipt this Period 250.00</p>	
<p>City State Zip Code Saint Clair Shores MI 48080</p>				
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Occupation St Clair Orthopaedics Orthopaedic Surgeon</p>				
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			<p>Aggregate Year-to-Date ▼ 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>750.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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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. Christopher Lawrence Lee MD

Mailing Address 23829 Little Mack Ste 100

City State Zip Code
 Saint Clair Shores MI 48080

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 09 / 03 / 2013

Transaction ID : 5308610

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard T Perry MD

Mailing Address 23829 Little Mack Ste 100

City State Zip Code
 Saint Clair Shores MI 48080

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 09 / 03 / 2013

Transaction ID : 5308611

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Edward Diao MD

Mailing Address 2440 Jackson Street

City State Zip Code
 San Francisco CA 94115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 09 / 03 / 2013

Transaction ID : 5308613

Amount of Each Receipt this Period

500.00

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

1000.00

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

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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. Bruce M Leslie MD

Mailing Address 2000 Washington St Ste 343

City

Newton

State

MA

Zip Code

02462

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 17 / 2013

Transaction ID : 5320411

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Christopher A Ferguson MD

Mailing Address 1840 Grovecrest Rd

City

Germantown

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2013

Transaction ID : 5326638

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Susan Lai Williams MD

Mailing Address 1615 NW Avery St

City

Roseburg

State

OR

Zip Code

97471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2013

Transaction ID : 5326640

Amount of Each Receipt this Period

250.00

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1000.00

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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 S Harriman MD

Mailing Address 9485 Inglewood Cove

City State Zip Code
 Germantown TN 38139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Ortho Group

Occupation

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
 09 / 20 / 2013

Transaction ID : 5327000

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lawrence Berson MD

Mailing Address 71 Arlen Way

City State Zip Code
 West Hartford CT 06117

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOS,PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 23 / 2013

Transaction ID : 5332232

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Louis E Murdock MD

Mailing Address 5012 N Quail Summit Way

City State Zip Code
 Boise ID 83703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Intermountain Orthopaedics

Occupation

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
 09 / 16 / 2013

Transaction ID : 5332624

Amount of Each Receipt this Period

250.00

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

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

2250.00

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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. David Steven Zelouf MD

Mailing Address 700 S Henderson Rd Ste 200

City State Zip Code
 King Of Prussia PA 19406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Philadelphia Hand Center

Occupation

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
 09 16 2013

Transaction ID : 5332625

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher W LaSalle MD

Mailing Address 4633 Coventry Pkwy

City State Zip Code
 Fort Wayne IN 46804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedics Northeast

Occupation

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
 09 16 2013

Transaction ID : 5332626

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brian Alexander Weatherby MD

Mailing Address 306 Breton Dr

City State Zip Code
 Greer SC 29650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

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
 09 16 2013

Transaction ID : 5332628

Amount of Each Receipt this Period

250.00

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

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1500.00

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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. David E Hassinger MD

Mailing Address 4052 W Quail Hill Ct

City

Boise

State

ID

Zip Code

83703-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 16 / 2013

Transaction ID : 5332629

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Clifford K Boese MD

Mailing Address 23867 Dogwood Rd

City

Council Bluffs

State

IA

Zip Code

51503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miller Orthopedic Affiliates

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 16 / 2013

Transaction ID : 5332634

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Sanaz Hariri MD

Mailing Address 1169 Trinity Dr

City

Menlo Park

State

CA

Zip Code

94025-6668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2013

Transaction ID : 5332638

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Jonathan E Buzzell MD

Mailing Address 2725 S 144th St Ste 212

City State Zip Code
Omaha NE 68144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

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
09 / 19 / 2013

Transaction ID : 5332639

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William Stuart Singer MD

Mailing Address 10410 N 84th St

City State Zip Code
Omaha NE 68122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

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
09 / 19 / 2013

Transaction ID : 5332640

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David E Brown MD

Mailing Address 15617 Woolworth Ave

City State Zip Code
Omaha NE 68130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

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
09 / 19 / 2013

Transaction ID : 5332641

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

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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. Kirk Hutton MD

Mailing Address 2725 S 144th St Ste 212

City State Zip Code
Omaha NE 68144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 19 / 2013

Transaction ID : 5332642

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Samar Kumar Ray MD

Mailing Address 2725 S 144th St Ste 212

City State Zip Code
Omaha NE 68144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 19 / 2013

Transaction ID : 5332643

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ryan M Arnold MD

Mailing Address 2725 S. 144th St
Suite 212

City State Zip Code
Omaha NE 68144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 19 / 2013

Transaction ID : 5332644

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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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. Randall Dean Neumann MD

Mailing Address 2725 S 144th St Ste 212

City State Zip Code
Omaha NE 68144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

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
09 / 19 / 2013

Transaction ID : 5332645

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ian D Crabb MD

Mailing Address 9737 Fieldcrest Dr

City State Zip Code
Omaha NE 68114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

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
09 / 19 / 2013

Transaction ID : 5332646

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael A Thompson MD

Mailing Address 25005 Farnam Circle

City State Zip Code
Waterloo NE 68069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho West

Occupation

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
09 / 19 / 2013

Transaction ID : 5332647

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Michael C Thompson MD</p> <p>Mailing Address 21925 Stanford Circle</p> <p>City State Zip Code Elkhorn NE 68022</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Ortho West Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2013 Transaction ID : 5332648</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Kevin P Christensen MD</p> <p>Mailing Address 520 Lunalilo Home Rd Unit 210</p> <p>City State Zip Code Honolulu HI 96825</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2013 Transaction ID : 5332649</p> <p>Amount of Each Receipt this Period 100.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Jennifer Lisle MD</p> <p>Mailing Address 191 Mountains Edge</p> <p>City State Zip Code Charlotte VT 05445</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation FAHC Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2013 Transaction ID : 5332651</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>850.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

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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. Stephen J Incavo MD

Mailing Address 3118 Quenby Avenue

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Methodist Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 19 / 2013

Transaction ID : 5332655

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert Allen Mileski MD

Mailing Address 8555 E Voltaire

City

Scottsdale

State

AZ

Zip Code

85260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Phoenix Orthopedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2013

Transaction ID : 5332656

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jay M Lipke MD

Mailing Address 10301 Kanis Rd

City

Little Rock

State

AR

Zip Code

72205-6205

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoArkansas Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 19 / 2013

Transaction ID : 5332657

Amount of Each Receipt this Period

400.00

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

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

1650.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. John Marshall Knight MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2013 Transaction ID : 5332658</p>		
<p>Mailing Address 2405 Shadelands Dr Ste 210</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Walnut Creek</p>	<p>State CA</p>	<p>Zip Code 94598</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Muir Orthopaedic Specialists</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Kevin E Coates MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2013 Transaction ID : 5332660</p>		
<p>Mailing Address 9344 Ingleside Farm N</p>			<p>Amount of Each Receipt this Period 200.00</p>		
<p>City Germantown</p>	<p>State TN</p>	<p>Zip Code 38139-6713</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer U.S. Army</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 400.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Kevin Michael McGee MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2013 Transaction ID : 5332661</p>		
<p>Mailing Address 1532 Eagle Ridge Dr. NE</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Albuquerque</p>	<p>State NM</p>	<p>Zip Code 87122</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Presbyterian Health System</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>950.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Kris Parchuri DO

Mailing Address 11436 South Harvard Ave

City State Zip Code
Tulsa OK 74137-7806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
09 / 19 / 2013

Transaction ID : 5332664

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Laith A Farjo MD

Mailing Address 1808 Hermitage

City State Zip Code
Ann Arbor MI 48104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Advanced Orthopaedic Centers

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 19 / 2013

Transaction ID : 5332668

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Richard W Barth MD

Mailing Address 6516 Goldleaf Dr

City State Zip Code
Bethesda MD 20817-5837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Washington Orthopaedic Center

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
09 / 19 / 2013

Transaction ID : 5332670

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Erik Spayde MD

Mailing Address 774 Lakeview Canyon

City State Zip Code
 Westlake Village CA 91362-5602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 19 / 2013

Transaction ID : 5332673

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Melissa Ann DeNiel MD

Mailing Address 8520 Kreuter Rd

City State Zip Code
 Rockford MI 49341-8063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2013

Transaction ID : 5332674

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James W Maxey MD

Mailing Address 13004 N Georgetown Rd

City State Zip Code
 Dunlap IL 61525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Great Plains Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 24 / 2013

Transaction ID : 5332743

Amount of Each Receipt this Period

375.00

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Benjamin James Hackett MD

Mailing Address 7808 Bluebell Ln

City

Wausau

State

WI

Zip Code

54401-8444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bone & Joint Clinic S.C.

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 24 / 2013

Transaction ID : 5343018

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Durgesh Nagarkatti MD

Mailing Address 270 Farmington Ave Ste 102

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 25 / 2013

Transaction ID : 5357912

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thomas W Dugdale MD

Mailing Address 85 Seymour St Ste 607

City

Hartford

State

CT

Zip Code

06106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 25 / 2013

Transaction ID : 5358210

Amount of Each Receipt this Period

1000.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ronald W Lindsey MD

Mailing Address 3727 Elmora Street

City	State	Zip Code
Houston	TX	77005

FEC ID number of contributing federal political committee.

C

Name of Employer

University of Texas Medical Branch

Occupation

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
0	9		2	6		2	0	1	3

Transaction ID : 5362825

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jorge E Tijmes MD

Mailing Address P.O. Box 6209

City	State	Zip Code
Mc Allen	TX	78502-6209

FEC ID number of contributing federal political committee.

C

Name of Employer

Southern Bone & Joint Center

Occupation

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
0	9		2	4		2	0	1	3

Transaction ID : 5366044

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. J Patrick Kessler MD

Mailing Address 613 Hemlock Hills Dr.

City	State	Zip Code
Franklin	NC	28734

FEC ID number of contributing federal political committee.

C

Name of Employer

Center for Orthopaedic Service

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	3

Transaction ID : 5366046

Amount of Each Receipt this Period

375.00

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

1375.00

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

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

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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. David E Attarian MD

Mailing Address 3 Jupiter Hills Ct

City State Zip Code
Durham NC 27712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University

Occupation

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
09 / 24 / 2013

Transaction ID : 5366047

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Willie J Banks Jr, MD

Mailing Address 2705 S 19th St

City State Zip Code
Arlington VA 22204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dept of Veterans Affairs

Occupation

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
09 / 24 / 2013

Transaction ID : 5366049

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Cornelis M Elmes MD

Mailing Address 647 Jade Way

City State Zip Code
Fairfield CA 94534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
09 / 24 / 2013

Transaction ID : 5366051

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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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. Raymond K Zarins MD

Mailing Address 32591 Azores Rd

City State Zip Code
Dana Point CA 92629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
09 / 24 / 2013

Transaction ID : 5366052

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Glenn B Rankin MD

Mailing Address 651 N Granados Ave

City State Zip Code
Solana Beach CA 92075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southern California Permanente Medical

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
09 / 24 / 2013

Transaction ID : 5366106

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Ian Katz MD

Mailing Address 2 Celeste Drive

City State Zip Code
Johnstown PA 15905-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
09 / 24 / 2013

Transaction ID : 5366108

Amount of Each Receipt this Period

250.00

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

600.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael E Ayers MD

Mailing Address 10 Crescent Ave

City State Zip Code
Scituate MA 02066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
09 / 26 / 2013

Transaction ID : 5366113

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Christine Seaworth MD

Mailing Address 3940 Wilani Rd

City State Zip Code
Knoxville TN 37919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ortho Tennessee

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
09 / 26 / 2013

Transaction ID : 5366119

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Frank L Barnes MD

Mailing Address 3117 Avalon Pl

City State Zip Code
Houston TX 77019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2013

Transaction ID : 5366121

Amount of Each Receipt this Period

200.00

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

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

950.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Jeffrey Dean Watson MD</p> <p>Mailing Address 2923 W Bay Vista Ave</p> <p>City State Zip Code Tampa FL 33611-1609</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Orthopaedic Medical Group Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013</p> <p>Transaction ID : 5366122</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Marc J Michaud MD</p> <p>Mailing Address 11 Cherry Ln</p> <p>City State Zip Code Bedford NH 03110</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation NH Orthopaedic Center Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013</p> <p>Transaction ID : 5366124</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) c. Mark C Mysnyk MD</p> <p>Mailing Address 3655 Forest Gate Dr</p> <p>City State Zip Code Iowa City IA 52240</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013</p> <p>Transaction ID : 5366130</p> <p>Amount of Each Receipt this Period 200.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>700.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. William A Ciszewski MD</p> <p>Mailing Address 451 Pheasant Run</p> <p>City State Zip Code Webster NY 14580</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Westside Orthopedics PC Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013</p> <p>Transaction ID : 5366132</p> <p>Amount of Each Receipt this Period 100.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Gregory Daniel Lewish MD</p> <p>Mailing Address 2211 Lyell Ave Ste 107</p> <p>City State Zip Code Rochester NY 14606-5743</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Westside Orthopedics PC Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013</p> <p>Transaction ID : 5366133</p> <p>Amount of Each Receipt this Period 200.00</p>	
<p>Full Name (Last, First, Middle Initial) C. James John Verner MD</p> <p>Mailing Address 23075 Nottingham</p> <p>City State Zip Code Beverly Hills MI 48025</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013</p> <p>Transaction ID : 5366134</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>550.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. William L Hennrikus Jr, MD</p> <p>Mailing Address 75 Laurel Ridge Rd</p> <p>City State Zip Code Hershey PA 17033</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Penn State Hershey Medical Ctr Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013 Transaction ID : 5366135 </p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. John S Kirkpatrick MD</p> <p>Mailing Address 13874 Bella Riva Ln</p> <p>City State Zip Code Jacksonville FL 32225</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation University of Florida Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013 Transaction ID : 5366139 </p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Jeffrey Paul Keverline MD</p> <p>Mailing Address 410 Highland Ave SW</p> <p>City State Zip Code Lenoir NC 28645-5713</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carolina Orthopaedic Specialists Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013 Transaction ID : 5366141 </p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			1500.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Mohammed-Tarek Al-Fahl MD</p> <p>Mailing Address 9715 Stonecross Bend Dr</p> <p>City State Zip Code Houston TX 77070</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Texas Orthopaedics & Sports Medicine Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 27 2013</p> <p>Transaction ID : 5366145</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Steven L Buckley MD</p> <p>Mailing Address 416 Locust Ave SE</p> <p>City State Zip Code Huntsville AL 35801</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation TOC Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 27 2013</p> <p>Transaction ID : 5366146</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Richard W Smith MD</p> <p>Mailing Address 14 Field Stone Lane</p> <p>City State Zip Code Tiverton RI 02878</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Coastal Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 27 2013</p> <p>Transaction ID : 5366147</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1500.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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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. Christopher Ghigiarelli MD

Mailing Address 26 Fitzgerald Dr

City

Moosic

State

PA

Zip Code

18507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scranton Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2013

Transaction ID : 5366148

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Mark Roberts V, MD

Mailing Address 9250 Blue Ash Rd

City

Cincinnati

State

OH

Zip Code

45242-6822

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Christ Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2013

Transaction ID : 5366149

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. G Clay Baynham MD

Mailing Address 3401 PGA Blvd Ste 500

City

Palm Beach Gardens

State

FL

Zip Code

33410-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palm Beach Orthopaedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2013

Transaction ID : 5366152

Amount of Each Receipt this Period

250.00

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

1000.00

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

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. John Michael Rayhack MD</p> <p>Mailing Address 13914 Shady Shores Dr</p> <p>City Tampa State FL Zip Code 33613</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer The Wrist & Hand Center Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013 Transaction ID : 5366154</p> <p>Amount of Each Receipt this Period 300.00</p>	
<p>Full Name (Last, First, Middle Initial) B. John Charles Nordt III, MD</p> <p>Mailing Address 4720 Lejeune Rd</p> <p>City Coral Gables State FL Zip Code 33146-1817</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Spine Center of Miami Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2013 Transaction ID : 5366155</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Benjamin Gulli MD</p> <p>Mailing Address 3366 Oakdale Ave N Ste 103</p> <p>City Minneapolis State MN Zip Code 55422</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Twin Cities Orthopaedics Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2013 Transaction ID : 5366156</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1800.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael Paul Chapman MD

Mailing Address 985 Prince Phillip Dr

City

Dubuque

State

IA

Zip Code

52003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Associates of Dubuque

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2013

Transaction ID : 5366157

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. John H Mahon MD

Mailing Address 8602 N Cardinal Dr

City

Phoenix

State

AZ

Zip Code

85028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2013

Transaction ID : 5366159

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Scott Berkenblit MD, PhD

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

MedStar

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2013

Transaction ID : 5366160

Amount of Each Receipt this Period

100.00

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

2350.00

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

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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. Christopher T Donaldson MD

Mailing Address 1500 Donato Ct

City

Johnstown

State

PA

Zip Code

15905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western PA Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 24 / 2013

Transaction ID : 5366161

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard C Johnston MD

Mailing Address 605 Larch Lane

City

Iowa City

State

IA

Zip Code

52245

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 24 / 2013

Transaction ID : 5366162

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jeffrey Einer Johnson MD

Mailing Address 2207 Westerly Ct

City

Chesterfield

State

MO

Zip Code

63017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 24 / 2013

Transaction ID : 5366163

Amount of Each Receipt this Period

250.00

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

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

750.00

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<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. Robert J Berkowitz MD Full Name (Last, First, Middle Initial) Mailing Address 32091 Ventanas Circle City Avon Lake State OH Zip Code 44012 FEC ID number of contributing federal political committee. C Name of Employer Center for Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2013 Transaction ID : 5366164 Amount of Each Receipt this Period 150.00
B. David W Romness MD Full Name (Last, First, Middle Initial) Mailing Address Commonwealth Orthopaedics 1635 N George Mason Dr Ste 310 City Arlington State VA Zip Code 22205-3616 FEC ID number of contributing federal political committee. C Name of Employer Commonwealth Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2013 Transaction ID : 5366167 Amount of Each Receipt this Period 500.00
C. Michael A Chang MD Full Name (Last, First, Middle Initial) Mailing Address 6801 Scenic Drive City Yakima State WA Zip Code 98908 FEC ID number of contributing federal political committee. C Name of Employer Via Christi Health Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2013 Transaction ID : 5366168 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)..... ▶			1150.00
TOTAL This Period (last page this line number only)..... ▶			

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

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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. Nicholas Benjamin Bruggeman MD

Mailing Address 22626 Atwood Ave

City

Elkhorn

State

NE

Zip Code

68022-3147

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoWest

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 26 / 2013

Transaction ID : 5366171

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Harry Schmaltz MD

Mailing Address 334 Main St Ste 1

City

Dickson City

State

PA

Zip Code

18519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scranton Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 24 / 2013

Transaction ID : 5366177

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Daniel Lee MD

Mailing Address 9808 Winter Palace Dr

City

Las Vegas

State

NV

Zip Code

89145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

09 / 24 / 2013

Transaction ID : 5366178

Amount of Each Receipt this Period

375.00

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

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

1625.00

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

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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. Jeffrey J Brooks MD

Mailing Address 90 Hillcrest Rd

City State Zip Code
 New Canaan CT 06840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 24 / 2013

Transaction ID : 5366179

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Daniel D Rhoads MD

Mailing Address 4470 Park Royal Dr

City State Zip Code
 Flowery Branch GA 30542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SCG Orthopedics

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
 09 / 28 / 2013

Transaction ID : 5366211

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Warren Jay Krompinger MD

Mailing Address 295 Westmont

City State Zip Code
 West Hartford CT 06117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Orthopedic Associates, LLC

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2013

Transaction ID : 5366659

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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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. Robert J Benz MD

Mailing Address 2107 Linden Lake Road

City State Zip Code
Fort Collins CO 80524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho & Spine Ctr of Rockies

Occupation

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
09 / 30 / 2013

Transaction ID : 5366661

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard Zapanta MD

Mailing Address 5830 Beverly Hills Drive

City State Zip Code
Whittier CA 90601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 27 / 2013

Transaction ID : 5366703

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mark W Diehl MD

Mailing Address 1110 Hazeltine Ln

City State Zip Code
Kennesaw GA 30152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinnacle Orthopaedics

Occupation

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
09 / 27 / 2013

Transaction ID : 5366704

Amount of Each Receipt this Period

500.00

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

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

1375.00

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

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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. Samuel J Snyder MD

Mailing Address 57 Leach Ave

City State Zip Code
 Park Ridge NJ 07656

FEC ID number of contributing
federal political committee.

C

Name of Employer

Garden State Orthopaedics

Occupation

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
 09 27 2013

Transaction ID : 5366705

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert S Sterling MD

Mailing Address 5 Stream Valley Garth

City State Zip Code
 Owings Mills MD 21201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Maryland

Occupation

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
 09 27 2013

Transaction ID : 5366706

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ricardo J Rodriguez MD

Mailing Address 6666 Pikes Lane

City State Zip Code
 Baton Rouge LA 70808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baton Rouge Orthopaedic Clinic

Occupation

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
 09 27 2013

Transaction ID : 5366708

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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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 M Olsewski MD

Mailing Address 16 Rivers Edge Dr # 407

City

Tarrytown

State

NY

Zip Code

10591-7505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 27 / 2013

Transaction ID : 5366709

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. J Todd Brown DO

Mailing Address 2011 Watermark Dr

City

Grand Rapids

State

MI

Zip Code

49546

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2013

Transaction ID : 5366720

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Walter Burnham MD

Mailing Address 4531 Alcorn Drive

City

La Canada Flintridge

State

CA

Zip Code

91011-1930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2013

Transaction ID : 5366721

Amount of Each Receipt this Period

500.00

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

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

2000.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Barry W Solcher MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013 Transaction ID : 5366722</p>		
<p>Mailing Address 4140 Sweetwater Dr</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City State Zip Code College Station TX 77845</p>	<p>FEC ID number of contributing federal political committee. C</p>		<p>Transaction ID : 5366722</p>		
<p>Name of Employer Center for Orthopaedic Service</p>	<p>Occupation Orthopaedic Surgeon</p>		<p>Amount of Each Receipt this Period 250.00</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Amount of Each Receipt this Period 250.00</p>		
<p>Full Name (Last, First, Middle Initial) B. William Enright MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013 Transaction ID : 5366742</p>		
<p>Mailing Address 3524 Euro Ln</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City State Zip Code De Pere WI 54115-7201</p>	<p>FEC ID number of contributing federal political committee. C</p>		<p>Transaction ID : 5366742</p>		
<p>Name of Employer Self Employed</p>	<p>Occupation Orthopaedic Surgeon</p>		<p>Amount of Each Receipt this Period 500.00</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Amount of Each Receipt this Period 500.00</p>		
<p>Full Name (Last, First, Middle Initial) C. Rudolf Hoellrich MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013 Transaction ID : 5366744</p>		
<p>Mailing Address 84553 Pheasant Ln</p>			<p>Amount of Each Receipt this Period 225.00</p>		
<p>City State Zip Code Pleasant Hill OR 97455</p>	<p>FEC ID number of contributing federal political committee. C</p>		<p>Transaction ID : 5366744</p>		
<p>Name of Employer Slocum Center</p>	<p>Occupation Orthopaedic Surgeon</p>		<p>Amount of Each Receipt this Period 225.00</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 525.00</p>		<p>Amount of Each Receipt this Period 225.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>975.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>		

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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. Joseph Assenmacher MD

Mailing Address 7846 Old Sycamore Ln

City State Zip Code
 Sylvania OH 43560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Promedica Physician Group

Occupation

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
 09 / 27 / 2013

Transaction ID : 5366745

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Paul Andrew Puckett MD

Mailing Address 2204 Fox Hollow Rd

City State Zip Code
 Missoula MT 59802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missoula Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 27 / 2013

Transaction ID : 5366749

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Douglas D Nowak MD

Mailing Address 12405 Ironwood Lane

City State Zip Code
 Mukilteo WA 98275

FEC ID number of contributing
federal political committee.

C

Name of Employer

Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 27 / 2013

Transaction ID : 5366750

Amount of Each Receipt this Period

150.00

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

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

550.00

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

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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. George A Richardson MD

Mailing Address 3201 University Dr East Ste 255

City State Zip Code
 Bryan TX 77802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 09 27 2013

Transaction ID : 5366753

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William F Binder MD

Mailing Address 2421 Lema Dr

City State Zip Code
 Lake Havasu City AZ 86406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Lakeside Orthopedic Institute

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
 09 27 2013

Transaction ID : 5366754

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert J Heaps MD

Mailing Address 66 Colonel Daniels Dr

City State Zip Code
 Bedford NH 03110-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

New Hampshire Orthopedic Center

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
 09 27 2013

Transaction ID : 5366755

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Julius Stephen Brecht MD</p> <p>Mailing Address 25 Chatham Rd</p> <p>City State Zip Code Longmeadow MA 01106-1203</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation New England Ortho Surgeons Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013 Transaction ID : 5366756</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Dan G Sewell MD</p> <p>Mailing Address 3205 Canterbury Dr S.</p> <p>City State Zip Code Salem OR 97302-5937</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Willamette Ortho Group Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2013 Transaction ID : 5366759</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Scott A Seymour MD</p> <p>Mailing Address 246 Middaugh Rd</p> <p>City State Zip Code Clarendon Hills IL 60514</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2013 Transaction ID : 5371397</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

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

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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. Robert A Kayal MD

Mailing Address 112 Garden Ct

City State Zip Code
 Franklin Lakes NJ 07417-3019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 09 / 26 / 2013

Transaction ID : 5371398

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Wen Shen MD

Mailing Address 33 Pond Hills Ct

City State Zip Code
 Pleasant Valley NY 12569-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ortho Assoc of Dutchess County

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
 10 / 02 / 2013

Transaction ID : 5376551

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Andre Michael Ishak MD

Mailing Address 2221 Wankel Way

City State Zip Code
 Oxnard CA 93036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ventura Orthopaedics

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
 10 / 02 / 2013

Transaction ID : 5377289

Amount of Each Receipt this Period

250.00

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

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

1500.00

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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. Edward N Powell MD

Mailing Address 1571 Washington St Ste 201

City State Zip Code
 Watertown NY 13601-9320

FEC ID number of contributing
federal political committee.

C

Name of Employer
 North County Orthopaedic Group

Occupation
 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
 10 / 02 / 2013

Transaction ID : 5377290

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David W Alford MD

Mailing Address 1500 Ross Clark Circle

City State Zip Code
 Dothan AL 36301-4754

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Southern Bone & Joint Center

Occupation
 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
 10 / 02 / 2013

Transaction ID : 5377291

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Peter C Rink DO

Mailing Address 2805 E 43rd

City State Zip Code
 Davenport IA 52807-1580

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ORA Orthopedics

Occupation
 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
 10 / 02 / 2013

Transaction ID : 5377293

Amount of Each Receipt this Period

250.00

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

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1000.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Arthur L Valadie III, MD</p> <p>Mailing Address 526 56th St</p> <p>City State Zip Code Holmes Beach FL 34217</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Coastal Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2013 Transaction ID : 5377307</p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>Full Name (Last, First, Middle Initial) B. Robert C Suga MD</p> <p>Mailing Address 215 E 21 St</p> <p>City State Zip Code Sioux Falls SD 57105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Orthopaedic Institute Sioux Falls SD Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2013 Transaction ID : 5377309</p> <p>Amount of Each Receipt this Period 300.00</p>		
<p>Full Name (Last, First, Middle Initial) C. David Alan Moss MD</p> <p>Mailing Address 85 Laurel Wood Dr</p> <p>City State Zip Code East Greenwich RI 02818</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Center for Orthopaedic Service Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2013 Transaction ID : 5377310</p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>800.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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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. Stephen Cunningham Robinson MD

Mailing Address 5824 Widewaters Parkway

City State Zip Code
East Syracuse NY 13057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Syracuse Orthopedic Specialists

Occupation
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
10 / 02 / 2013

Transaction ID : 5377311

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Arthur F Lee MD

Mailing Address 5270 Drake Road

City State Zip Code
Cincinnati OH 45243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellington Orthopedics

Occupation
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
10 / 02 / 2013

Transaction ID : 5377312

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gregory Dee Byrd MD, MA

Mailing Address 3897 Cameron Dr. NE

City State Zip Code
Lacey WA 98516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Olympia Orthopaedic Associates

Occupation
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
10 / 02 / 2013

Transaction ID : 5377314

Amount of Each Receipt this Period

500.00

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

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

1000.00

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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. Regina O Hillsman MD

Mailing Address 1771 Post Rd E

City

Westport

State

CT

Zip Code

06880-5606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 02 / 2013

Transaction ID : 5377315

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eugene J Dabiezies Jr, MD

Mailing Address 4541 N Davis Hwy Ste A

City

Pensacola

State

FL

Zip Code

32503-2733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gulf Coast Ortho Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 02 / 2013

Transaction ID : 5377326

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Stuart H Hershman MD

Mailing Address 411 N New River Dr E Apt 2303

City

Ft Lauderdale

State

FL

Zip Code

33301-8121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Spine Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 02 / 2013

Transaction ID : 5377327

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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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. Vladimir A Sinkov MD

Mailing Address 5 Veronica Dr

City State Zip Code
 Bedford NH 03110

FEC ID number of contributing
federal political committee.

C

Name of Employer
 New Hampshire Orthopaedic Center

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 01 / 2013

Transaction ID : 5377360

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven L Martin MD

Mailing Address 118 Folger St

City State Zip Code
 Clemson SC 29631

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Blue Ridge Orthopaedics

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 01 / 2013

Transaction ID : 5377361

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James R Spears MD

Mailing Address 304 Braebourne Court

City State Zip Code
 Green Bay WI 54301

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Orthopedic & Sports Medicine Specialis

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 01 / 2013

Transaction ID : 5377362

Amount of Each Receipt this Period

250.00

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

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

750.00

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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. Brian Alexander Weatherby MD

Mailing Address 306 Breton Dr

City State Zip Code
Greer SC 29650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

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 Y
10 01 2013

Transaction ID : 5377363

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Thomas G Craven MD

Mailing Address 7395 S 26th West Ave

City State Zip Code
Tulsa OK 74132-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central States Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 01 2013

Transaction ID : 5377370

Amount of Each Receipt this Period

203.00

Full Name (Last, First, Middle Initial)

C. William R Boulden MD

Mailing Address 12499 University Ave # 210

City State Zip Code
Clive IA 50325-8281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Ortho Group

Occupation

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
10 01 2013

Transaction ID : 5377371

Amount of Each Receipt this Period

1000.00

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

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

1353.00

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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. Donald W Roberts MD

Mailing Address 9 Durham Street
Number 3

City State Zip Code
Boston MA 02115

FEC ID number of contributing
federal political committee.

C

Name of Employer

NW Surgical Specialists

Occupation

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
10 01 2013

Transaction ID : 5377372

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Quentin Smith MD

Mailing Address 3235 S Westbury PI

City State Zip Code
Eagle ID 83616

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Idaho Orthopaedic & Sports

Occupation

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
10 01 2013

Transaction ID : 5377373

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Malumed MD

Mailing Address 506 Van Lears Run

City State Zip Code
Villanova PA 19085-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 01 2013

Transaction ID : 5377376

Amount of Each Receipt this Period

375.00

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

775.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. William V Arnold MD</p> <p>Mailing Address 1070 Randolph Road</p> <p>City Meadowbrook State PA Zip Code 19046</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Rothman Institute Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 2000.00</p>			<p>Date of Receipt 10 / 01 / 2013 Transaction ID : 5377377 </p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Rafael Antonio Lopez MD</p> <p>Mailing Address P.O. Box 363682</p> <p>City San Juan State PR Zip Code 00936-3682</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 2500.00</p>			<p>Date of Receipt 10 / 01 / 2013 Transaction ID : 5377378 </p> <p>Amount of Each Receipt this Period 1500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Scott P Schemmel MD</p> <p>Mailing Address 1160 Pamela Ct</p> <p>City Dubuque State IA Zip Code 52003</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Medical Associates Clinic Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt 10 / 01 / 2013 Transaction ID : 5377379 </p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			2750.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

<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

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

☐ Primary ☐ General
☐ Other (specify) ▼

250.00

☐ Primary ☐ General
☐ Other (specify) ▼

1000.00

☐ Primary ☐ General
☐ Other (specify) ▼

250.00

1500.00

[illegible]

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. David A Lewis MD</p> <p>Mailing Address 2883 Tanoble Dr</p> <p>City State Zip Code Altadena CA 91001</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PIH Health Physicians Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 288.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2013 Transaction ID : 5377409</p> <p>Amount of Each Receipt this Period 100.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Jerome Gregory Piontek MD</p> <p>Mailing Address 16 Algonquin Lane</p> <p>City State Zip Code Webster Groves MO 63119</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2013 Transaction ID : 5377420</p> <p>Amount of Each Receipt this Period 100.00</p>	
<p>Full Name (Last, First, Middle Initial) C. William A Leone MD</p> <p>Mailing Address 3111 NE 27th Ave</p> <p>City State Zip Code Lighthouse Point FL 33064-8107</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Holy Cross Hospital Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2013 Transaction ID : 5377421</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>450.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael Lee Granberry MD

Mailing Address 120 McGregor Avenue South

City State Zip Code
Mobile AL 36608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alabama Orthopaedic Clinic

Occupation

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
10 02 2013

Transaction ID : 5377436

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Timothy W Talbert MD

Mailing Address 728 Duckwater Landing

City State Zip Code
Bossier City LA 71111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
10 02 2013

Transaction ID : 5377437

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael T Archdeacon MD

Mailing Address 4538 Philnoll Dr

City State Zip Code
Cincinnati OH 45247-5079

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Cincinnati

Occupation

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
10 02 2013

Transaction ID : 5377438

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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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. Brian Robinson MD

Mailing Address 4413 Highway 15

City State Zip Code
 Silver City NM 88061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Bone & Joint

Occupation

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
 10 02 2013

Transaction ID : 5377439

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gursewak S Sandhu MD

Mailing Address 511 W Grove St Ste 301

City State Zip Code
 Middleboro MA 02346-1458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
 10 02 2013

Transaction ID : 5377440

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David W Edelstein MD

Mailing Address 6504 Pickens St.

City State Zip Code
 Houston TX 77007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kelsey Seybold Clinic

Occupation

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
 10 01 2013

Transaction ID : 5377487

Amount of Each Receipt this Period

1000.00

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

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

2250.00

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Carey E Winder MD

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

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Transaction ID : 5377488

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Adam W Rives MD

Mailing Address 7525 N Granby Ave

City

Kansas City

State

MO

Zip Code

64151-4256

FEC ID number of contributing
federal political committee.

C

Name of Employer

Liberty Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Transaction ID : 5377489

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Robert E Van Demark Jr, MD

Mailing Address 332 Aspen Circle

City

Sioux Falls

State

SD

Zip Code

57105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Transaction ID : 5377491

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Jeffrey Evan Budoff MD</p> <p>Mailing Address 5349 Lynbrook Dr</p> <p>City State Zip Code Houston TX 77056-2004</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2013</p> <p>Transaction ID : 5377502</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Franco Edward Vigna MD</p> <p>Mailing Address 36 Lincoln Pkwy</p> <p>City State Zip Code Buffalo NY 14222</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Spine Surgery of Buffalo Niagara Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2013</p> <p>Transaction ID : 5377503</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Kevin G Shea MD</p> <p>Mailing Address 4620 N Bantry Pl</p> <p>City State Zip Code Boise ID 83702-1863</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation St. Lukes Health System Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2013</p> <p>Transaction ID : 5377504</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1250.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

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

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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. James M Worthington MD

Mailing Address 467 Dillon Ln

City

Swansea

State

MA

Zip Code

02777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2013

Transaction ID : 5377506

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gerald C Shute MD

Mailing Address 1653 SE Saint Lucie Blvd

City

Stuart

State

FL

Zip Code

34996

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2013

Transaction ID : 5377518

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. David J Kolessar MD

Mailing Address 950 Timbergrove Rd

City

Shavertown

State

PA

Zip Code

18708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geisinger Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2013

Transaction ID : 5377539

Amount of Each Receipt this Period

500.00

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

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

1300.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Ronald Matthew Dumigan MD</p> <p>Mailing Address 11414 Waters Welling Way</p> <p>City Edmond State OK Zip Code 73013</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer McBride Orthopedic Hospital Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2013</p> <p>Transaction ID : 5377541</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Brett Raymond Grebing MD</p> <p>Mailing Address 719 Schwarz Rd</p> <p>City Edwardsville State IL Zip Code 62025</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2013</p> <p>Transaction ID : 5377543</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Paul C Milling MD</p> <p>Mailing Address 163 N Date St</p> <p>City Escondido State CA Zip Code 92025-3405</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 537.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2013</p> <p>Transaction ID : 5377554</p> <p>Amount of Each Receipt this Period 188.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>938.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Douglas S Musgrave MD

Mailing Address 15800 NW Fair Acres Dr

City	State	Zip Code
Vancouver	WA	98685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Surgical Specialists

Occupation

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
10		01		2013

Transaction ID : 5377555

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Robert O Anderson MD

Mailing Address 9800 55th St N

City	State	Zip Code
Lake Elmo	MN	55042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Transaction ID : 5377556

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rick W Wright MDMailing Address Department of Orthopaedic Surgery
660 South Euclid Avenue, Campus Bo

City	State	Zip Code
Saint Louis	MO	63110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Transaction ID : 5377557

Amount of Each Receipt this Period

250.00

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

1625.00

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

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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. Thomas W Wise MD

Mailing Address 117 S Washington Street

City State Zip Code
Winchester VA 22601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winchester Orthopedic Associates

Occupation
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
10 01 2013

Transaction ID : 5377558

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alan B Thomas MD

Mailing Address 7308 Bridgeport Way W Ste 201

City State Zip Code
Lakewood WA 98499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Proliance Surgeons

Occupation
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
10 01 2013

Transaction ID : 5377569

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Lana Kang MD

Mailing Address 520 E 76th St Apt 12B

City State Zip Code
New York NY 10021-3169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Special Surgery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 01 2013

Transaction ID : 5377570

Amount of Each Receipt this Period

100.00

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

1350.00

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

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

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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. Scott S Russo MD

Mailing Address 1579 Winterwood Drive

City

Grand Rapids

State

MI

Zip Code

49525-3444

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Assoc of Michigan

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2013

Transaction ID : 5377571

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Joseph S Barr Jr, MD

Mailing Address 205 Edgewater Dr

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Assoc Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2013

Transaction ID : 5377573

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Miguel Antonio Schmitz MD

Mailing Address 8624 E Maringo Dr

City

Spokane

State

WA

Zip Code

99212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2013

Transaction ID : 5377584

Amount of Each Receipt this Period

500.00

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

950.00

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

SCHEDULE A (FEC Form 3X)
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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. James J Purtill MD

Mailing Address 651 Darby Paoli Rd

City	State	Zip Code
Villanova	PA	19085

FEC ID number of contributing federal political committee.

C

Name of Employer

Rothman Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Transaction ID : 5377585

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steven Tradonsky MDMailing Address 7485 Mission Valley Rd
Ste 104

City	State	Zip Code
San Diego	CA	92108

FEC ID number of contributing federal political committee.

C

Name of Employer

California Orthopaedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Transaction ID : 5377586

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Edward C Littlejohn MD

Mailing Address 14911 National Ave Ste 3A

City	State	Zip Code
Los Gatos	CA	95032-2632

FEC ID number of contributing federal political committee.

C

Name of Employer

Northern California Orthopedic Special

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Transaction ID : 5377587

Amount of Each Receipt this Period

250.00

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

1650.00

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Richard A Rosa MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2013 Transaction ID : 5377588</p>		
<p>Mailing Address 16 Fairfield Dr</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Short Hills</p>	<p>State NJ</p>	<p>Zip Code 07078</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Advanced Orthopaedic & Joint Replaceme</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Richard W Garner MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2013 Transaction ID : 5377590</p>		
<p>Mailing Address 7201 E. Chester Heights Circle</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Anchorage</p>	<p>State AK</p>	<p>Zip Code 99504-3563</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Anchorage Fracture & Ortho Clinic</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) C. William F Wagner Jr, MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 01 / 2013 Transaction ID : 5377592</p>		
<p>Mailing Address 600 Broadway Ste 440</p>			<p>Amount of Each Receipt this Period 375.00</p>		
<p>City Seattle</p>	<p>State WA</p>	<p>Zip Code 98122</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Seattle Hand Surgery Group</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 375.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1875.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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

Use separate schedule(s)
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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. Raymond A Koch MD

Mailing Address 227 Boyle Dr

City State Zip Code
Eureka CA 95503-4809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humboldt Ortho Associates

Occupation
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
10 / 02 / 2013

Transaction ID : 5377625

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Paul E Papierski MD

Mailing Address 913 S Dryden Pl

City State Zip Code
Arlington Heights IL 60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
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
10 / 02 / 2013

Transaction ID : 5377626

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Benjamin D Rubin MD

Mailing Address 21 Chatham Ct

City State Zip Code
Newport Beach CA 92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
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
10 / 02 / 2013

Transaction ID : 5377627

Amount of Each Receipt this Period

100.00

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

450.00

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

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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. Christopher S Proctor MD

Mailing Address 465 Las Palmas Dr

City State Zip Code
 Santa Barbara CA 93110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alta Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 02 / 2013

Transaction ID : 5377628

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Richard D Ferkel MD

Mailing Address 6815 Noble Ave Frnt

City State Zip Code
 Van Nuys CA 91405-6515

FEC ID number of contributing
federal political committee.

C

Name of Employer

SCOI

Occupation

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
 10 / 02 / 2013

Transaction ID : 5377630

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert H Harrington MD

Mailing Address 7 Marsh Brook Dr Ste 205

City State Zip Code
 Somersworth NH 03878

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seacoast Ortho & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 02 / 2013

Transaction ID : 5377632

Amount of Each Receipt this Period

250.00

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

850.00

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

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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. Richard A Brown MD

Mailing Address 9850 Genesee Ave Ste 210

City

La Jolla

State

CA

Zip Code

92037-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Torrey Pines Orthopaedics

Occupation

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
10 / 02 / 2013

Transaction ID : 5377633

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John W Durham MD

Mailing Address 512 W Fir Ave

City

Flagstaff

State

AZ

Zip Code

86001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Arizona Orthopaedics

Occupation

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
10 / 02 / 2013

Transaction ID : 5377634

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Samuel R Rosenfeld MD

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

APOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : 5377635

Amount of Each Receipt this Period

100.00

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

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

1600.00

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

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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 Sargent Rogerson MD

Mailing Address 2 Science Ct #101

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : 5377636

Amount of Each Receipt this Period

188.00

Full Name (Last, First, Middle Initial)

B. Gregory T Bigler MD

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

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : 5377649

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Richard S Levy MD

Mailing Address Suite 200
6901 Snider Plaza

City

Dallas

State

TX

Zip Code

75205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : 5377650

Amount of Each Receipt this Period

225.00

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

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

788.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael E Joyce MD

Mailing Address 125 Partridge Landing

City State Zip Code
Glastonbury CT 06033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Sports Specialists

Occupation

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
10 / 02 / 2013

Transaction ID : 5377670

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Shafic A Sraj MD

Mailing Address 29 Hospital Plaza Ste C

City State Zip Code
Weston WV 26452-8471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stonewall Jackson Memorial Hospital

Occupation

Orthopaedic Hospital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : 5377671

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Gregory William Stocks MD

Mailing Address 5207 Valerie

City State Zip Code
Bellaire TX 77401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fondren Orthopaedic Group

Occupation

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
10 / 02 / 2013

Transaction ID : 5377674

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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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. Keith D Nord MD

Mailing Address 31 Stonehaven Rd

City State Zip Code
Jackson TN 38305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sports, Orthopedics & Spine

Occupation

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
10 / 02 / 2013

Transaction ID : 5377676

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Bruce S Fletcher MD

Mailing Address 5901 Colonial Drive, Suite 201

City State Zip Code
Margate FL 33063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Broward Orthopedics

Occupation

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
10 / 02 / 2013

Transaction ID : 5377678

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David A Stokes MD

Mailing Address 153 Mystic PL NE

City State Zip Code
Atlanta GA 30342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Surgery, PC

Occupation

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
10 / 02 / 2013

Transaction ID : 5378218

Amount of Each Receipt this Period

250.00

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

1000.00

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

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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. Gregory S Slaphey MD

Mailing Address 139 Fairway Dr

City State Zip Code
 Carrollton GA 30117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carrollton Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 02 / 2013

Transaction ID : 5378219

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Jacob Battaglia MD

Mailing Address 1641 Windermere Dr E

City State Zip Code
 Seattle WA 98112-3737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
 10 / 02 / 2013

Transaction ID : 5378220

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Peter O Newton MD

Mailing Address 3030 Children's Way Ste 410

City State Zip Code
 San Diego CA 92123-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer

CSSD

Occupation

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
 10 / 02 / 2013

Transaction ID : 5378221

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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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. Noah S Finkel MD

Mailing Address 5 Bouton Rd

City State Zip Code
Huntington NY 11743

FEC ID number of contributing
federal political committee.

C

Name of Employer

Finkel Orthopaedics, PC

Occupation

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
10 / 02 / 2013

Transaction ID : 5378222

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Louis M Kwong MD

Mailing Address Department of Orthopaedic Surgery
1000 W Carson Street, Box 422

City State Zip Code
Torrance CA 90509

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
10 / 02 / 2013

Transaction ID : 5378223

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Armen Khachatryan MD

Mailing Address Ctr of Ortho Rehab & Excellence
3584 W 9000 South Ste 405

City State Zip Code
West Jordan UT 84088

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Group of Utah

Occupation

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
10 / 02 / 2013

Transaction ID : 5378225

Amount of Each Receipt this Period

500.00

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

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

1100.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Russell S VanderWilde MD</p> <p>Mailing Address 601 W 5th Ave Ste 400</p> <p>City State Zip Code Spokane WA 99204</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Northwest Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1313.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 03 / 2013</p> <p>Transaction ID : 5378294</p> <p>Amount of Each Receipt this Period 563.00</p>
<p>Full Name (Last, First, Middle Initial) B. Andrew M Star MD</p> <p>Mailing Address 2400 Maryland Rd Ste 20</p> <p>City State Zip Code Willow Grove PA 19090-1732</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation OSC Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 05 / 2013</p> <p>Transaction ID : 5383050</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) c. Chad A Krueger MD</p> <p>Mailing Address 14827 Forward Pass</p> <p>City State Zip Code San Antonio TX 78248-0974</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation U.S. Army Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 06 / 2013</p> <p>Transaction ID : 5383963</p> <p>Amount of Each Receipt this Period 30.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		1093.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

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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 G Mowbray MD

Mailing Address 590 Kensington Farms Dr

City State Zip Code
Milton GA 30004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
10 / 06 / 2013

Transaction ID : 5384059

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Guy Alan Lee MD

Mailing Address 7024 Swagger Rd

City State Zip Code
New Hope PA 18938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Abington Orthopedic Specialists

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
10 / 08 / 2013

Transaction ID : 5388162

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William Joseph Laughlin Jr, MD

Mailing Address Baton Rouge Ortho Clinic
8080 Bluebonnet Blvd Ste 1000

City State Zip Code
Baton Rouge LA 70810-2831

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2013

Transaction ID : 5388164

Amount of Each Receipt this Period

500.00

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

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

1000.00

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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. David R Moore MD

Mailing Address 2021 Church St Ste 200

City State Zip Code
Nashville TN 37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elite Sports Medicine

Occupation
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
10 / 08 / 2013

Transaction ID : 5388440

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey D Willers MD

Mailing Address 824 Glen Leven Dr

City State Zip Code
Nashville TN 37204-4316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elite Sports Medicine

Occupation
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
10 / 08 / 2013

Transaction ID : 5388443

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas T Dovan MD

Mailing Address 2021 Church St Ste 200

City State Zip Code
Nashville TN 37203-2087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elite Sports Medicine

Occupation
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
10 / 08 / 2013

Transaction ID : 5388451

Amount of Each Receipt this Period

500.00

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

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

1500.00

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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. Ray Payne MD

Mailing Address 230 Clearfield Ave Ste 124

City State Zip Code
 Virginia Beach VA 23462-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Orthopaedic Specialists

Occupation

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
 10 / 08 / 2013

Transaction ID : 5388473

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Steven Douglas K Ross MD

Mailing Address 555 Wildhorse

City State Zip Code
 Orange CA 92869-2339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of California

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 10 / 2013

Transaction ID : 5388897

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Nathaniel P Cohen MD

Mailing Address 231 Rosalie Court

City State Zip Code
 Los Gatos CA 95032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
 10 / 10 / 2013

Transaction ID : 5390188

Amount of Each Receipt this Period

500.00

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

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

1600.00

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

Use separate schedule(s)
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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. Sean C Tracy MD

Mailing Address W211 N5455 Carters Crossing Circle

City State Zip Code
Menomonee Falls WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wisconsin Bone and Joint

Occupation
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
10 / 07 / 2013

Transaction ID : 5390927

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Joseph J. Calandra MD

Mailing Address 2514 Harriets Island Ct

City State Zip Code
Mount Pleasant SC 29466-8048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Performance Consultants

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2013

Transaction ID : 5390928

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. David J Flesher MD

Mailing Address 3301 NW 50th St

City State Zip Code
Oklahoma City OK 73112-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic Associates, LLC

Occupation
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
10 / 07 / 2013

Transaction ID : 5390930

Amount of Each Receipt this Period

1000.00

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

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

1250.00

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

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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. Robert F Adams MD

Mailing Address 151 Laird Lane

City State Zip Code
Glenwood Springs CO 81601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aspen Orthopaedics

Occupation
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
10 / 07 / 2013

Transaction ID : 5390932

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles Francis Mess Jr, MD

Mailing Address 12470 Petrillo Dr

City State Zip Code
Highland MD 20777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potomac Valley Ortho Assoc

Occupation
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 Y
10 / 07 / 2013

Transaction ID : 5390933

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. S Robert Rozbruch MD

Mailing Address 10 Horton Ct

City State Zip Code
West Harrison NY 10604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Special Surgery

Occupation
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
10 / 07 / 2013

Transaction ID : 5390934

Amount of Each Receipt this Period

250.00

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700.00

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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 A Papa MD

Mailing Address 1440 Hibiscus Ave

City
Winter Park

State Zip Code
FL 32789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewett Orthopaedic Clinic

Occupation
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
10 / 07 / 2013

Transaction ID : 5390936

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Kurt A Gasner MD

Mailing Address 1225 Prestige Pt

City
Oviedo

State Zip Code
FL 32765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewett Orthopaedic Clinic

Occupation
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
10 / 07 / 2013

Transaction ID : 5390938

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel J Martin Jr, MD

Mailing Address 621 S New Ballas Rd Ste 5015B

City
Saint Louis

State Zip Code
MO 63141-8200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
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
10 / 07 / 2013

Transaction ID : 5390939

Amount of Each Receipt this Period

500.00

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

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1200.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Tahir S A Chaudhri MD</p> <p>Mailing Address 572 Ocean Terr</p> <p>City State Zip Code Staten Island NY 10301</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Highlands Medical Group Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 07 2013</p> <p>Transaction ID : 5390942</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Martin Stauber MD</p> <p>Mailing Address 16611 Yorba Linda Blvd</p> <p>City State Zip Code Yorba Linda CA 92886-2046</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 07 2013</p> <p>Transaction ID : 5390943</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Mark D Foster MD</p> <p>Mailing Address 1821 S Churchill Drive</p> <p>City State Zip Code Wilmington NC 28403</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Wilmington Orthopaedic Group Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 274.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 09 2013</p> <p>Transaction ID : 5390950</p> <p>Amount of Each Receipt this Period 274.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>774.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Shervondalonn R Brown MD</p> <p>Mailing Address 1516 Winterberry Dr</p> <p>City Murfreesboro State TN Zip Code 37130-1149</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Tennessee Orthopaedic Alliance Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2013</p> <p>Transaction ID : 5390951</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Jacquelin Emmanuel MD</p> <p>Mailing Address 8432 Midland Pkwy</p> <p>City Jamaica State NY Zip Code 11432-2219</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer PAGNY Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2013</p> <p>Transaction ID : 5390952</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. James Wesley Larson III, MD</p> <p>Mailing Address 119 St Annews Ct</p> <p>City Winchester State VA Zip Code 22602</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Bone & Joint Specialists of Winchester Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2013</p> <p>Transaction ID : 5390953</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			1000.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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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. Manuel A Martinez MD

Mailing Address 24723 Detroit Rd

City

Westlake

State

OH

Zip Code

44145-2526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2013

Transaction ID : 5390954

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William J Krywicki MD

Mailing Address 40 Pinecone Lane

City

Shavertown

State

PA

Zip Code

18708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2013

Transaction ID : 5390955

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John C Gordon MD

Mailing Address 1232 Race Rd. #102

City

Baltimore

State

MD

Zip Code

21237-4377

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2013

Transaction ID : 5390957

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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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. Alfred J Coppola MD

Mailing Address 800 Vista Verde Way

City State Zip Code
 Bakersfield CA 93309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 10 / 09 / 2013

Transaction ID : 5390958

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Andrew J Vicar MD

Mailing Address 8934 Dandy Creek Dr

City State Zip Code
 Indianapolis IN 46234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OrthoIndy

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
 10 / 09 / 2013

Transaction ID : 5390959

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James F Johnson MD

Mailing Address 246 Prairiewood Dr

City State Zip Code
 Fargo ND 58103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

St. Francis Hospital

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 Y
 10 / 09 / 2013

Transaction ID : 5390964

Amount of Each Receipt this Period

400.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael Augustine Yusaf MD

Mailing Address 1096 Canyon Creek Dr.

City

Rochester Hills

State

MI

Zip Code

48306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2013

Transaction ID : 5390972

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kenneth J Kress MD

Mailing Address 655 Blakenham Ct

City

Alpharetta

State

GA

Zip Code

30022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 04 / 2013

Transaction ID : 5390973

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Geoffrey A Wright MD

Mailing Address 4229 Foxxglen Run

City

Chesapeake

State

VA

Zip Code

23321-4274

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.S. Navy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 04 / 2013

Transaction ID : 5390974

Amount of Each Receipt this Period

200.00

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

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

1450.00

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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. Christopher William Peer MD, MS

Mailing Address 744 W Water St

City

Hancock

State

MI

Zip Code

49930-1941

FEC ID number of contributing
federal political committee.

C

Name of Employer

Portage Health

Occupation

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 Y
10 / 04 / 2013

Transaction ID : 5390976

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Luis M Espinoza MD

Mailing Address 5 Savannah Ridge Lane

City

Metairie

State

LA

Zip Code

70001

FEC ID number of contributing
federal political committee.

C

Name of Employer

OCSM

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : 5390978

Amount of Each Receipt this Period

188.00

Full Name (Last, First, Middle Initial)

C. Robert A Caveney MD

Mailing Address 2115 Chapline St

VPC Ste 107

City

Wheeling

State

WV

Zip Code

26003-3859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Valley Medical Center

Occupation

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
10 / 04 / 2013

Transaction ID : 5390979

Amount of Each Receipt this Period

100.00

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

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

488.00

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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. Peter A Caprise MD

Mailing Address 401 St Andrews Circle

City State Zip Code
 Lynchburg VA 24503

FEC ID number of contributing
federal political committee.

C

Name of Employer

OCCV

Occupation

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
 10 / 04 / 2013

Transaction ID : 5390980

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Peter White Whitfield MD

Mailing Address 7 Hillwind Ct

City State Zip Code
 Greensboro NC 27408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeastern Orthopaedic Specialists

Occupation

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
 10 / 04 / 2013

Transaction ID : 5390982

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Carl E Becker MD

Mailing Address 9 Southview Lane

City State Zip Code
 Lititz PA 17543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westphal Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : 5391148

Amount of Each Receipt this Period

1000.00

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

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

1650.00

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

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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. Richard Fairfax Pell IV, MD

Mailing Address 13510 SW 73rd Court

City State Zip Code
Miami FL 33156

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Florida Int'l Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 04 2013

Transaction ID : 5391152

Amount of Each Receipt this Period

188.00

Full Name (Last, First, Middle Initial)

B. Randall Duane Roush MD

Mailing Address 1805 Summer Blossom Place

City State Zip Code
Chesterfield MO 63017

FEC ID number of contributing
federal political committee.

C

Name of Employer

SSM Orthopedics

Occupation

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
10 04 2013

Transaction ID : 5391153

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Louis U Bigliani MD

Mailing Address PH 11-1130 Center
622 W 168th St

City State Zip Code
New York NY 10032-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia University

Occupation

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
10 04 2013

Transaction ID : 5391286

Amount of Each Receipt this Period

500.00

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

938.00

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

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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 J O'Connor MD

Mailing Address Concord Orthopaedics PA
37 Dwinell Dr

City State Zip Code
Concord NH 03301-2551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
10 / 11 / 2013

Transaction ID : 5391480

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. P Merrill White MD

Mailing Address 909 Woodside St

City State Zip Code
Knoxville TN 37919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Tennessee Orthopaedic Clinics

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
10 / 11 / 2013

Transaction ID : 5391482

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard L Angelo MD

Mailing Address 14360 157th Ave NE

City State Zip Code
Woodinville WA 98072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Proliance Surgeons

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
10 / 04 / 2013

Transaction ID : 5391488

Amount of Each Receipt this Period

500.00

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

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

1250.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Scott Thomas Ferry MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 04 / 2013 Transaction ID : 5391489</p>	
<p>Mailing Address 904 Tuscany Way</p>			<p>Amount of Each Receipt this Period 250.00</p>	
<p>City Rockford</p>	<p>State IL</p>	<p>Zip Code 61107</p>		
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Rockford Orthopaedic Associates</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>		
<p>Full Name (Last, First, Middle Initial) B. Victor John Thomas MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 04 / 2013 Transaction ID : 5391490</p>	
<p>Mailing Address 5900 Corporate Dr Ste 200</p>			<p>Amount of Each Receipt this Period 1000.00</p>	
<p>City Pittsburgh</p>	<p>State PA</p>	<p>Zip Code 15237</p>		
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Tristate Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>		
<p>Full Name (Last, First, Middle Initial) C. Joel H Hurt MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 04 / 2013 Transaction ID : 5391491</p>	
<p>Mailing Address 7503 Stonecliff Dr</p>			<p>Amount of Each Receipt this Period 500.00</p>	
<p>City Austin</p>	<p>State TX</p>	<p>Zip Code 78731</p>		
<p>FEC ID number of contributing federal political committee. C</p>				
<p>Name of Employer Texas Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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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. Jess Lucas Brehmer MD

Mailing Address Department of Orthopaedic Surgery
701 Hewitt Boulevard

City State Zip Code
Red Wing MN 55066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Health System

Occupation

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
10 / 04 / 2013

Transaction ID : 5391492

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ronald G Burke MD

Mailing Address 5793 Forest Highlands Drive

City State Zip Code
Fort Worth TX 76132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cook Children's Physician Network

Occupation

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
10 / 04 / 2013

Transaction ID : 5391493

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. N Tucker Mattox Jr, MD

Mailing Address 2119 E South Blvd
#200

City State Zip Code
Montgomery AL 36116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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 Y
10 / 04 / 2013

Transaction ID : 5391495

Amount of Each Receipt this Period

400.00

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

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900.00

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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. Pamela F Davis MD

Mailing Address 5055 School House Road

City

Bettendorf

State

IA

Zip Code

52722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
10 / 04 / 2013

Transaction ID : 5391496

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Raymond C Noellert MD

Mailing Address 52 Port Royal Way

City

Pensacola

State

FL

Zip Code

32502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sacred Heart Health System

Occupation

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
10 / 04 / 2013

Transaction ID : 5391498

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gregg Berkowitz MD

Mailing Address 5 Russell Rd

City

Freehold

State

NJ

Zip Code

07728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Orthopaedic Centers

Occupation

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
10 / 04 / 2013

Transaction ID : 5391499

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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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. Douglas J Martini MD

Mailing Address 100 Solitude Way

City State Zip Code
 Cary NC 27511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cary Orthopaedics

Occupation

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
 10 / 04 / 2013

Transaction ID : 5391500

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. George V Russell Jr, MD

Mailing Address 102 Hawthorne Vale

City State Zip Code
 Ridgeland MS 39157

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMMC

Occupation

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
 10 / 04 / 2013

Transaction ID : 5391501

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael G Neuwirth MD

Mailing Address 5 E 98th St
 Box 1188

City State Zip Code
 New York NY 10029-6501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Medical Center

Occupation

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
 10 / 04 / 2013

Transaction ID : 5391502

Amount of Each Receipt this Period

500.00

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1750.00

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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 Paul S Elton MD

Mailing Address P.O. Box 938

City

Edwards

State

CO

Zip Code

81632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vail Summit Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 04 / 2013

Transaction ID : 5391504

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Harris Samuel Rose MD

Mailing Address 8004 High Hollow Cove

City

Austin

State

TX

Zip Code

78750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 04 / 2013

Transaction ID : 5391505

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jacob M Buchowski MD, MS

Mailing Address 27 Rio Vista Dr

City

Saint Louis

State

MO

Zip Code

63124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Univ St Louis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 04 / 2013

Transaction ID : 5391506

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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Detailed Summary Page

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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. James A Keeney MD

Mailing Address 660 S Euclid Ave

Campus Box 8233 Dept of Ortho Surg

City

State

Zip Code

St Louis

MO

63110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Washington University

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
10 / 04 / 2013

Transaction ID : 5391507

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dennis H Gordon MD

Mailing Address P.O. Box 17290

City

State

Zip Code

Salt Lake City

UT

84117-0290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

JASIS

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
10 / 04 / 2013

Transaction ID : 5391508

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Paul Tornetta III, MD

Mailing Address 850 Harrison Ave., D2N

City

State

Zip Code

Boston

MA

02118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Boston Medical Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : 5391511

Amount of Each Receipt this Period

300.00

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

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

1550.00

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

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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. Gregory D Gramstad MD

Mailing Address 6702 SW Canyon Crest Dr

City State Zip Code
 Portland OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Surgical Specialists

Occupation

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
 10 / 04 / 2013

Transaction ID : 5391512

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas J Errico MD

Mailing Address 301 East 17th Street, Rm 400

City State Zip Code
 New York NY 10003

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Medical School

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : 5391513

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Frank R Joseph MD

Mailing Address 1605 Brandon Hall Drive

City State Zip Code
 Atlanta GA 30350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

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
 10 / 04 / 2013

Transaction ID : 5391514

Amount of Each Receipt this Period

190.00

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

1440.00

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

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

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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. Benjamin Shaffer MD

Mailing Address 4522 Lingan Way NW

City
Washington

State Zip Code
DC 20007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Orthopaedic Center

Occupation
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
10 / 04 / 2013

Transaction ID : 5391515

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Reese Hicks MD

Mailing Address 6585 S Yale Ste 200

City
Tulsa

State Zip Code
OK 74136-8320

FEC ID number of contributing
federal political committee.

C

Name of Employer
CSOS Inc

Occupation
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
10 / 04 / 2013

Transaction ID : 5391516

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dirk H Alander MD

Mailing Address 1302 W Adams Ave

City
Kirkwood

State Zip Code
MO 63122

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Louis University

Occupation
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
10 / 11 / 2013

Transaction ID : 5391518

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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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. Stephen E Blythe MD

Mailing Address 1403 N Green Way Dr

City State Zip Code
Coral Gables FL 33134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : 5391519

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert S Adelaar MD

Mailing Address 10414 Cherokee Rd

City State Zip Code
Richmond VA 23235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

MCV Orthopaedics

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 Y
10 / 04 / 2013

Transaction ID : 5391520

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Greg T Jones MD

Mailing Address 3 Berryhill

City State Zip Code
Fort Smith AR 72903-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mercy Clinic

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
10 / 04 / 2013

Transaction ID : 5391521

Amount of Each Receipt this Period

250.00

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

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

1625.00

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

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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. Jeffery A McMath MD

Mailing Address 1501 Bright Rd

City State Zip Code
Findlay OH 45840-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Orthopaedics & Sports Med

Occupation
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
10 / 04 / 2013

Transaction ID : 5391523

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael R Heilig MD

Mailing Address 200 Kelburn Ct

City State Zip Code
Lexington KY 40515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2013

Transaction ID : 5391526

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Edward F W Swan MD

Mailing Address 257 Harmony Lane

City State Zip Code
Titusville FL 32780

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Orthopaedic Surgeon

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2013

Transaction ID : 5391527

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. Cooper L Terry MD

Mailing Address 1106 S Lamar Blvd

City State Zip Code
Oxford MS 38655-4732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : 5391528

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark S Leslie MD

Mailing Address 3090 Ishpeming Trail

City State Zip Code
Traverse City MI 49686-8540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Hand Surgery of Northern Michigan

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
10 / 04 / 2013

Transaction ID : 5391529

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Christopher Lawrence Lee MD

Mailing Address 23829 Little Mack Ste 100

City State Zip Code
Saint Clair Shores MI 48080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

St Clair Orthopaedics

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
10 / 04 / 2013

Transaction ID : 5391531

Amount of Each Receipt this Period

250.00

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

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

800.00

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

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

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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. Christopher Zingas MD

Mailing Address 23829 Little Mack Ste 100

City State Zip Code
 Saint Clair Shores MI 48080

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

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
 10 04 2013

Transaction ID : 5391532

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard T Perry MD

Mailing Address 23829 Little Mack Ste 100

City State Zip Code
 Saint Clair Shores MI 48080

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

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
 10 04 2013

Transaction ID : 5391533

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. C Perry Cooke III, MD

Mailing Address 6797 Knollwood Rd

City State Zip Code
 Fayetteville NY 13066

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOS

Occupation

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
 10 04 2013

Transaction ID : 5391534

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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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. O Winston Cameron MD

Mailing Address 536 Courtfield Ave

City State Zip Code
 Winchester VA 22601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Winchester Orthopaedic Associates

Occupation
 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
 10 / 04 / 2013

Transaction ID : 5391536

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gayle V Voth MD

Mailing Address 17707 Cedar Creek Canyon Dr

City State Zip Code
 Dallas TX 75252

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 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
 10 / 04 / 2013

Transaction ID : 5391537

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. ChunBong Benjamin Ma MD

Mailing Address 645 Spar Dr

City State Zip Code
 Redwood City CA 94065

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Univ of California San Francisco

Occupation
 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
 10 / 04 / 2013

Transaction ID : 5391538

Amount of Each Receipt this Period

250.00

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

750.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Douglas M Goumas MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2013 Transaction ID : 5391540</p>		
<p>Mailing Address 4 Three Corners Rd</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Bedford</p>	<p>State NH</p>	<p>Zip Code 03110</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer TOC</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 3000.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Carlos Guanche MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2013 Transaction ID : 5391544</p>		
<p>Mailing Address 24959 John Fremont Road</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Hidden Hills</p>	<p>State CA</p>	<p>Zip Code 91302</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Javad Parvizi MD, FRCS</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2013 Transaction ID : 5391545</p>		
<p>Mailing Address 245 Maple Hill Rd</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Gladwyne</p>	<p>State PA</p>	<p>Zip Code 19035</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Rothman Institute</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 2000.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2500.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Ayman Ahmad Daouk MD

Mailing Address 311 W Sabal Palm Pl

City

Longwood

State

FL

Zip Code

32779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2013

Transaction ID : 5391547

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sameh A Labib MD

Mailing Address 468 Tara Trail NW

City

Atlanta

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2013

Transaction ID : 5391548

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. C Michael Morris MD

Mailing Address 2606 Boddie Pl

City

Duluth

State

GA

Zip Code

30097

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2013

Transaction ID : 5391549

Amount of Each Receipt this Period

750.00

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

1250.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Jeffrey Todd Brodie MD</p> <p>Mailing Address 12 Hambleton Court</p> <p>City State Zip Code Baltimore MD 21208</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation University of Maryland Medical System Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2013</p> <p>Transaction ID : 5391550</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Michael G Kogan MD</p> <p>Mailing Address 21908 Tall Oaks Dr</p> <p>City State Zip Code Kildeer IL 60047</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Midwest Bone & Joint Institute Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 228.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2013</p> <p>Transaction ID : 5391556</p> <p>Amount of Each Receipt this Period 98.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Sean Thomas Burns MD</p> <p>Mailing Address 4502 Masters Dr.</p> <p>City State Zip Code League City TX 77573</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Concord Orthopaedics, P.A. Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 07 / 2013</p> <p>Transaction ID : 5391558</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>598.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael C Gerling MD

Mailing Address 133 Sterling PI Apt 2C

City State Zip Code
Brooklyn NY 11217-3381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lutheran Medical Center PC

Occupation
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
10 / 07 / 2013

Transaction ID : 5391561

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joel D Thompson MD

Mailing Address 4727 E Camp Lowell

City State Zip Code
Tucson AZ 85712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
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
10 / 07 / 2013

Transaction ID : 5391562

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Timothy J Clader MD

Mailing Address 1101 Telephone Rd

City State Zip Code
Rush NY 14543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
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
10 / 09 / 2013

Transaction ID : 5391573

Amount of Each Receipt this Period

250.00

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

1000.00

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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. Henry L Eiserloh MD

Mailing Address 828 Woodleigh Dr

City

Baton Rouge

State

LA

Zip Code

70810-5332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baton Rouge Orthopaedic Clinic

Occupation

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
10 / 09 / 2013

Transaction ID : 5391574

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bryan D Den Hartog MD

Mailing Address 7220 South Hwy 16

City

Rapid City

State

SD

Zip Code

57709-6850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Black Hills Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2013

Transaction ID : 5391575

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Paul J Girard MD

Mailing Address 10622 Briarlake Woods Dr

City

San Diego

State

CA

Zip Code

92130-4832

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of California San Diego

Occupation

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
10 / 09 / 2013

Transaction ID : 5391579

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

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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. Stephen R Adcock MD

Mailing Address 701 Stonewall Jackson Place

City State Zip Code
Waycross GA 31503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Waycross Hospital

Occupation

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
10 / 09 / 2013

Transaction ID : 5391580

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert Gorsline MD

Mailing Address 2620 Andover Rd

City State Zip Code
Columbus OH 43221-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho One

Occupation

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
10 / 09 / 2013

Transaction ID : 5391604

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lonnie D Davis MD

Mailing Address 1326 Kirby Rd

City State Zip Code
Mc Lean VA 22101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Orthopaedics & Sports Medic

Occupation

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
10 / 09 / 2013

Transaction ID : 5391605

Amount of Each Receipt this Period

250.00

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

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

1000.00

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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. David C Holte MD

Mailing Address 6704 Dovre Dr

City

Edina

State

MN

Zip Code

55436-1713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Twin Cities Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2013

Transaction ID : 5391606

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John D Miles MD

Mailing Address P.O. Box 0

1 S Keene St

City

Columbia

State

MO

Zip Code

65205-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 09 / 2013

Transaction ID : 5391607

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. James C Bolz MD

Mailing Address 1405 West Lake Drive

City

Novi

State

MI

Zip Code

48377

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Orthopedic Research and Edu

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2013

Transaction ID : 5391612

Amount of Each Receipt this Period

250.00

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

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1500.00

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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. Gerald J Ortiz MD

Mailing Address 188 Steadmill Rd

City State Zip Code
Amsterdam NY 12010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mohawk Valley Orthopaedics

Occupation

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
10 / 09 / 2013

Transaction ID : 5391638

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Craig William Roodbeen MD

Mailing Address 1350 Kirts Blvd Ste 160

City State Zip Code
Troy MI 48084-4830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
10 / 09 / 2013

Transaction ID : 5391639

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jesse Cole Botker MD

Mailing Address 117 Hidden Oaks Circle

City State Zip Code
Mankato MN 56001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
10 / 09 / 2013

Transaction ID : 5391641

Amount of Each Receipt this Period

250.00

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

750.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. John R Schurman II, MD</p> <p>Mailing Address 727 N Linden Ct</p> <p>City State Zip Code Wichita KS 67206</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Advanced Orthopaedic Assoc. Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2013</p> <p>Transaction ID : 5391642</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Matthew J Kraay MD</p> <p>Mailing Address 11100 Euclid Ave</p> <p>City State Zip Code Cleveland OH 44106-1736</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation University Hospital Medical Group Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2013</p> <p>Transaction ID : 5391644</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Brereton B Strafford MD</p> <p>Mailing Address 17 Lummi Key</p> <p>City State Zip Code Bellevue WA 98006</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2013</p> <p>Transaction ID : 5391645</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2500.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. William D Allen MD</p> <p>Mailing Address 1430 My Drive</p> <p>City State Zip Code Zanesville OH 43701</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Orthopedic Associates of Zanesville Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2013</p> <p>Transaction ID : 5391647</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Michael L Salamon MD</p> <p>Mailing Address 4104 Woodstone Way</p> <p>City State Zip Code Louisville KY 40241-5867</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Ellis & Badenhausen Orthopaedic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2013</p> <p>Transaction ID : 5391648</p> <p>Amount of Each Receipt this Period 200.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Ryan A Beekman MD</p> <p>Mailing Address 1201 E Michigan Ave Ste 300</p> <p>City State Zip Code Jackson MI 49201</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Allegiance Health Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 375.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2013</p> <p>Transaction ID : 5391650</p> <p>Amount of Each Receipt this Period 375.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>825.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Jefferson C Brand Jr, MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2013 Transaction ID : 5391651</p>		
<p>Mailing Address 111th Ave, Suite 101</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Alexandria</p>	<p>State MN</p>	<p>Zip Code 56308</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Heartland Orthopedic Specialists</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Robert K Henrichsen MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2013 Transaction ID : 5391652</p>		
<p>Mailing Address 13000 Big Sky Pl Gate Code #7548</p>			<p>Amount of Each Receipt this Period 300.00</p>		
<p>City Auburn</p>	<p>State CA</p>	<p>Zip Code 95602</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Retired</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 300.00</p>			
<p>Full Name (Last, First, Middle Initial) c. Arthur G Geiger MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 09 / 2013 Transaction ID : 5391653</p>		
<p>Mailing Address 103 Bradley Ln</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Westport</p>	<p>State CT</p>	<p>Zip Code 06880-5740</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Valley Orthopaedic Specialists</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>800.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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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. Mary L Scovazzo MD

Mailing Address 875 Swift Blvd

City State Zip Code
 Richland WA 99352

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Orthopaedics

Occupation

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
 10 11 2013

Transaction ID : 5391661

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas B Fleeter MD

Mailing Address 1860 Town Ctr Dr Ste 300

City State Zip Code
 Reston VA 20190

FEC ID number of contributing
federal political committee.

C

Name of Employer

Town Center Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 11 2013

Transaction ID : 5391919

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Stephen M Cyphers MD

Mailing Address 2100 Valley View Parkway
 #2116

City State Zip Code
 El Dorado Hills CA 95762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
 10 11 2013

Transaction ID : 5391928

Amount of Each Receipt this Period

250.00

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

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

1750.00

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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. Andrea M Saterbak MD

Mailing Address 122 Lakeside Dr

City State Zip Code
 Stillwater MN 55082

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Croix Ortho

Occupation

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
 10 11 2013

Transaction ID : 5392473

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kevin M Supple MD

Mailing Address Greensboro Orthopaedics Center
 3200 Northline Dr Ste 200

City State Zip Code
 Greensboro NC 27408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greensboro Orthopaedic Center

Occupation

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
 10 12 2013

Transaction ID : 5392477

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Benjamin D Rubin MD

Mailing Address 21 Chatham Ct

City State Zip Code
 Newport Beach CA 92660

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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 Y
 10 12 2013

Transaction ID : 5392482

Amount of Each Receipt this Period

100.00

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

1600.00

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

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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. Robert Cameron More MD

Mailing Address 6 Sandhill Rd Ste 102

City

Flemington

State

NJ

Zip Code

08822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hunterdon Ortho Institute

Occupation

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
10 / 12 / 2013

Transaction ID : 5392484

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gregory P Duff MD

Mailing Address 4409 NW Anderson Hill Rd

City

Silverdale

State

WA

Zip Code

98383-6807

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Sound Orthopaedics

Occupation

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
10 / 12 / 2013

Transaction ID : 5392487

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jerome Kolavo MD

Mailing Address 100 Sunset Avenue

City

Glen Ellyn

State

IL

Zip Code

60137-5605

FEC ID number of contributing
federal political committee.

C

Name of Employer

OAD Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2013

Transaction ID : 5392525

Amount of Each Receipt this Period

500.00

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

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

2000.00

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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. Errol R Springer MD

Mailing Address 2495 Apple Creek Ct

City State Zip Code
De Pere WI 54115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2013

Transaction ID : 5392544

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

B. Thomas Parker Vail MD

Mailing Address 3474 Clay Street

City State Zip Code
San Francisco CA 94118

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCSF

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2013

Transaction ID : 5392676

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven M Mardjetko MD

Mailing Address 443 E Illinois Road

City State Zip Code
Lake Forest IL 60045-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Bone & Joint Institute

Occupation

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
10 / 14 / 2013

Transaction ID : 5392933

Amount of Each Receipt this Period

1000.00

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

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

1630.00

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

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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. David E Nonweiler MD

Mailing Address 3129 S Columbia Circle

City State Zip Code
Tulsa OK 74105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central States Orthopaedic Specialists

Occupation

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
10 / 14 / 2013

Transaction ID : 5393600

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael Suk MD

Mailing Address 1095 Limestoneville Road

City State Zip Code
Milton PA 17847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
10 / 15 / 2013

Transaction ID : 5394842

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Perry William Greene III, MD

Mailing Address 30575 N Woodward Ave
Ste 100

City State Zip Code
Royal Oak MI 48073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
10 / 15 / 2013

Transaction ID : 5399999

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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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. Douglas A Becker MD

Mailing Address 825 S 8th St Ste 550

City

Minneapolis

State

MN

Zip Code

55404-1217

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2013

Transaction ID : 5400001

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gerald J Ortiz MD

Mailing Address 188 Steadmill Rd

City

Amsterdam

State

NY

Zip Code

12010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mohawk Valley Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2013

Transaction ID : 5400003

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Edward Guerrant Lilly III, MD

Mailing Address 1867 Hebron Rd

City

Hendersonville

State

NC

Zip Code

28739

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2013

Transaction ID : 5400007

Amount of Each Receipt this Period

500.00

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

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

2000.00

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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. R Christopher Glattes MD

Mailing Address 4104 Skyline Dr

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elite Sports Medicine

Occupation

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
10 / 16 / 2013

Transaction ID : 5400983

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jerry W Van Meter MD

Mailing Address 1010 Pensacola St

City

Honolulu

State

HI

Zip Code

96814

FEC ID number of contributing
federal political committee.

C

Name of Employer

HPMG

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2013

Transaction ID : 5401137

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas J Ellis MD

Mailing Address 4175 Bangle Court

City

Dublin

State

OH

Zip Code

43016-7333

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSU Medical Center

Occupation

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
10 / 17 / 2013

Transaction ID : 5401666

Amount of Each Receipt this Period

500.00

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

1500.00

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

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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. Christopher George Furey MD

Mailing Address 18900 South Woodland Road

City State Zip Code
 Shaker Heights OH 44122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 17 2013

Transaction ID : 5403621

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Anthony A Stans MD

Mailing Address 1039 Weatherhill Lane SW

City State Zip Code
 Rochester MN 55902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mayo Clinic

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
 10 17 2013

Transaction ID : 5404153

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jonathan R Pettit MD

Mailing Address 2260 Harlan Rd

City State Zip Code
 Columbia TN 38401-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 10 17 2013

Transaction ID : 5404670

Amount of Each Receipt this Period

500.00

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

1600.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Eric Martin Boyden MD</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 18 / 2013</div> </div> Transaction ID : 5404933 </p>	
<p>Mailing Address 1101 Dartmouth Dr</p>			<p>Amount of Each Receipt this Period <div> <div>1500.00</div> </div> </p>	
<p>City State Zip Code Reno NV 89509</p>	<p>FEC ID number of contributing federal political committee. <div>C</div> </p>			
<p>Name of Employer Reno Orthopedic Clinic</p>	<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <div>1500.00</div> </p>			
<p>Full Name (Last, First, Middle Initial) B. Owen Roe O'Neill MD</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 16 / 2013</div> </div> Transaction ID : 5407386 </p>	
<p>Mailing Address 4913 Rolling Green Parkway</p>			<p>Amount of Each Receipt this Period <div> <div>500.00</div> </div> </p>	
<p>City State Zip Code Edina MN 55436-1349</p>	<p>FEC ID number of contributing federal political committee. <div>C</div> </p>			
<p>Name of Employer Twin Cities Orthopedics</p>	<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <div>500.00</div> </p>			
<p>Full Name (Last, First, Middle Initial) C. Ryan K Takenaga MD</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 16 / 2013</div> </div> Transaction ID : 5407387 </p>	
<p>Mailing Address 3186 Chapel Creek Dr</p>			<p>Amount of Each Receipt this Period <div> <div>250.00</div> </div> </p>	
<p>City State Zip Code Perrysburg OH 43551</p>	<p>FEC ID number of contributing federal political committee. <div>C</div> </p>			
<p>Name of Employer Promedica- St. Luke's</p>	<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ <div>250.00</div> </p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<div>2250.00</div>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<div></div>	

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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. Theodore I Macey MD

Mailing Address 1212 Twin Bay Dr

City State Zip Code
Fort Walton Beach FL 32547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

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
10 / 16 / 2013

Transaction ID : 5407389

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Isador H Lieberman MD, MBA

Mailing Address 6020 W Parker Rd Ste 200

City State Zip Code
Plano TX 75093-8172

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Back Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2013

Transaction ID : 5407390

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Carl R Weinert Jr, MD

Mailing Address 1310 W Stewart Dr Ste 508

City State Zip Code
Orange CA 92868-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

APOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2013

Transaction ID : 5407391

Amount of Each Receipt this Period

107.00

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

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

1482.00

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

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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. Kenneth Sabbag MD

Mailing Address 800 S Raymond St Ste 300

City State Zip Code
Pasadena CA 91105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
10 / 16 / 2013

Transaction ID : 5407392

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gary S Simon MD

Mailing Address 150 Helmsley Dr NW

City State Zip Code
Atlanta GA 30327-4901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Resurgens Orthopaedics

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
10 / 16 / 2013

Transaction ID : 5407393

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rafael M Fernandez MD

Mailing Address P.O. Box 800809

City State Zip Code
Coto Laurel PR 00780-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
10 / 18 / 2013

Transaction ID : 5407433

Amount of Each Receipt this Period

350.00

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

850.00

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

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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. Scott W McCall MD

Mailing Address 405 Tramore Ct

City

Franklin

State

TN

Zip Code

37067

FEC ID number of contributing
federal political committee.

C

Name of Employer

MTBJ

Occupation

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
10 / 19 / 2013

Transaction ID : 5407456

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Frank B Norberg MD

Mailing Address 7626 S Bay Dr

City

Minneapolis

State

MN

Zip Code

55438-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Twin Cities Orthopaedics

Occupation

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
10 / 21 / 2013

Transaction ID : 5410009

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gerald J Lang MD

Mailing Address 1685 Highland Ave

City

Madison

State

WI

Zip Code

53705-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

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
10 / 16 / 2013

Transaction ID : 5410311

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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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. J Wesley Mesko MD

Mailing Address 2815 S Pennsylvania Ave
Ste 204

City State Zip Code
Lansing MI 48910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 16 2013

Transaction ID : 5410312

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Matthew J Bueche MD

Mailing Address 1259 Rickert Dr Ste 101

City State Zip Code
Naperville IL 60540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

DuPage Medical Group

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
10 16 2013

Transaction ID : 5410313

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jaafar M Bazih MD

Mailing Address 2715 S Birmingham Pl

City State Zip Code
Tulsa OK 74104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Tulsa Bone & Joint Associates

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
10 16 2013

Transaction ID : 5410314

Amount of Each Receipt this Period

250.00

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

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

750.00

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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. Thomas P Sculco MD

Mailing Address 132 E 95th St

City

New York City

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 5410315

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Peter D Vizzi MD

Mailing Address 318 Beverly Drive

City

Lafayette

State

LA

Zip Code

70503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 5410319

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lyle Sorensen MD

Mailing Address 4120 Meridian Ave N

City

Seattle

State

WA

Zip Code

98103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Med Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 5410329

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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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. Brett William McCoy MD

Mailing Address 835 Brayton Ave

City
Cleveland

State Zip Code
OH 44113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Orthopaedics

Occupation
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
10 / 16 / 2013

Transaction ID : 5410330

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew Alexander Handling MD

Mailing Address 102 Somerset Rd

City
Wilmington

State Zip Code
DE 19803

FEC ID number of contributing
federal political committee.

C

Name of Employer
First State Orthopaedics

Occupation
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
10 / 16 / 2013

Transaction ID : 5410331

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William T Turner MD

Mailing Address 3933 Ocean Beach Hwy Unit 1

City
Longview

State Zip Code
WA 98632-4888

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longview Orthopedic Associates

Occupation
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
10 / 16 / 2013

Transaction ID : 5410332

Amount of Each Receipt this Period

250.00

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

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

1000.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Satoru Chamberlain MD</p> <p>Mailing Address 1213 Mariposa Ct</p> <p>City State Zip Code Fort Collins CO 80526</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Orthopaedic Center of the Rockies Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013</p> <p>Transaction ID : 5410333</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. James Eldon Crouse MD</p> <p>Mailing Address 1753 W Ridgeway Ave Ste 103B</p> <p>City State Zip Code Waterloo IA 50701-4588</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Cedar Valley Medical Specialists Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013</p> <p>Transaction ID : 5410334</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Gregory A Mencia MD</p> <p>Mailing Address 906 Riverbend Rd</p> <p>City State Zip Code Nashville TN 37221</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Vanderbilt University Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013</p> <p>Transaction ID : 5410338</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1250.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

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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. Craig Robert Mahoney MD

Mailing Address 2004 S 40th Ct

City State Zip Code
 West Des Moines IA 50265-5764

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Iowa Orthopaedic Center

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 16 2013

Transaction ID : 5410339

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mark A Rieger MD

Mailing Address 218 Ridgedale Ave Ste 104

City State Zip Code
 Cedar Knolls NJ 07927-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Advocare The Orthopedic Center

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 16 2013

Transaction ID : 5410340

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Douglas Bentley Freedberg MD

Mailing Address 6818 E Valley Vista Ln

City State Zip Code
 Paradise Valley AZ 85253

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OrthoArizona

Occupation
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

657.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 16 2013

Transaction ID : 5410341

Amount of Each Receipt this Period

282.00

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

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

1382.00

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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. Ganesh G Gupta MD

Mailing Address 17422 Thomas Ln Rd

City State Zip Code
 Smithville MO 64089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pediatric Orthopaedic Services

Occupation

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
 10 16 2013

Transaction ID : 5410342

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kenneth M Oates MD

Mailing Address 4501 Fidalgo Bay Rd #702

City State Zip Code
 Anacortes WA 98221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwest Orthopaedics

Occupation

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
 10 16 2013

Transaction ID : 5410344

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Knute C Buehler MD

Mailing Address 363 SW Bluff Dr Unit 410

City State Zip Code
 Bend OR 97702-3427

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Center: Ortho & Neuro Care and Res

Occupation

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
 10 16 2013

Transaction ID : 5410345

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

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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. Steven C Copeland MD

Mailing Address 2209 Heatherwood Dr

City State Zip Code
Findlay OH 45840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Orthopaedics & Sports Med

Occupation
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
10 / 16 / 2013

Transaction ID : 5410347

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David W Shenton Jr, MD

Mailing Address 3134 Sycamore Ln

City State Zip Code
Billings MT 59102-0524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho Montana

Occupation
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
10 / 16 / 2013

Transaction ID : 5410348

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Christopher Kontogianis MD

Mailing Address 1603 S Jurupa St

City State Zip Code
Kennewick WA 99338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benton Franklin Orthopaedics

Occupation
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
10 / 16 / 2013

Transaction ID : 5410349

Amount of Each Receipt this Period

500.00

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

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1250.00

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

Use separate schedule(s)
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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. Grigory Goldberg MD

Mailing Address 7 Silver Maple Ct

City State Zip Code
 Belle Mead NJ 08502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
 10 16 2013

Transaction ID : 5410350

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. David D Bulek MD

Mailing Address 769 Kimball Avenue

City State Zip Code
 Westfield NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Medical Group

Occupation

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
 10 16 2013

Transaction ID : 5410402

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mark J Geppert MD

Mailing Address Marsh Brook Professional Ctr
 7 Marsh Brook Dr Ste 205

City State Zip Code
 Somersworth NH 03878-1517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seacoast Ortho & Sports Medicine

Occupation

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
 10 16 2013

Transaction ID : 5410403

Amount of Each Receipt this Period

250.00

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1550.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. John R Chase MD</p> <p>Mailing Address 813 Suwanee Court</p> <p>City State Zip Code Maitland FL 32751</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Jewett Orthopaedic Clinic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 Transaction ID : 5410419 </p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Gordon I Groh MD</p> <p>Mailing Address 129 McDowell</p> <p>City State Zip Code Asheville NC 28801-4434</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Blue Ridge Bone & Joint Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 400.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 Transaction ID : 5410420 </p> <p>Amount of Each Receipt this Period 200.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Danielle Katz MD</p> <p>Mailing Address 3736 W Seneca Turnpike</p> <p>City State Zip Code Syracuse NY 13215</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SUNY Upstate Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 Transaction ID : 5410421 </p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			950.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. John Kirk Drake MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 Transaction ID : 5410423</p>		
<p>Mailing Address 12018 Oak Hollow</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Vanceleave</p>	<p>State MS</p>	<p>Zip Code 39565</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Bienville Orthopaedic Specialists</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1500.00</p>			
<p>Full Name (Last, First, Middle Initial) B. David M Henneghan MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 Transaction ID : 5410424</p>		
<p>Mailing Address 2111 Shadow View Circle</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Plover</p>	<p>State WI</p>	<p>Zip Code 54467</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Klasinski Clinic</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) c. Gary M Schniegenberg MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 Transaction ID : 5410425</p>		
<p>Mailing Address 1982 Road P1</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Bluffton</p>	<p>State OH</p>	<p>Zip Code 45817</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Orthopedic Institute of Ohio</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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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. James M Beckley MD

Mailing Address 1918 Britt Ln

City
Rochester

State Zip Code
MN 55902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

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 Y
10 16 2013

Transaction ID : 5410427

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Patricia C McKeever MD

Mailing Address 139 S Plymouth Blvd

City
Los Angeles

State Zip Code
CA 90004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
10 16 2013

Transaction ID : 5410428

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hans Robert Tuten MD

Mailing Address 2806 Rams Crossings

City
Richmond

State Zip Code
VA 23236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tuckahoe Orthopedics

Occupation

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 Y
10 16 2013

Transaction ID : 5410429

Amount of Each Receipt this Period

200.00

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

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

1400.00

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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. Gregory K Johnson MD

Mailing Address 288 Groveland St

City

Haverhill

State

MA

Zip Code

01830-6669

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associates in Ortho PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2013

Transaction ID : 5410430

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. William Harper Satterfield MD

Mailing Address 2816 Fieldwood Ct

City

Winston-Salem

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Specialist Inc

Occupation

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
10 / 16 / 2013

Transaction ID : 5410431

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kieran Daniel Cody MD

Mailing Address 800 W State St Ste 202

City

Doylestown

State

PA

Zip Code

18901-5842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bucks County Orthopedic Specialists

Occupation

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
10 / 16 / 2013

Transaction ID : 5410432

Amount of Each Receipt this Period

250.00

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

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

1100.00

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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. Ariel Goldman MD

Mailing Address 31 Woodbine Rd

City State Zip Code
Roslyn Heights NY 11577

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Tyson Long Island Jewish H

Occupation

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
10 / 16 / 2013

Transaction ID : 5410434

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kevin P Christensen MD

Mailing Address 520 Lunalilo Home Rd Unit 210

City State Zip Code
Honolulu HI 96825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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 Y
10 / 16 / 2013

Transaction ID : 5410435

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Leigh Brezenoff MD

Mailing Address 9 Ventres Way

City State Zip Code
Burlington CT 06013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Litchfield Hills Orthopaedics

Occupation

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
10 / 16 / 2013

Transaction ID : 5410438

Amount of Each Receipt this Period

500.00

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

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

1100.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Wilford K Gibson MD</p> <p>Mailing Address 4003 Arrowhead Point Ct</p> <p>City State Zip Code Virginia Beach VA 23455</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Atlantic Orthopaedic Specialists Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 16 2013</p> <p>Transaction ID : 5410439</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Jeffrey Roberts MD</p> <p>Mailing Address 31012 Wilderness Trail</p> <p>City State Zip Code Westlake OH 44145</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Orthopaedic Associates Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 16 2013</p> <p>Transaction ID : 5410440</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Jeffrey W Cook MD</p> <p>Mailing Address 3310 Aspen Grove Dr Ste 102</p> <p>City State Zip Code Franklin TN 37067</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Franklin Ortho & Sports Medicine Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 16 2013</p> <p>Transaction ID : 5410441</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			1750.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. George Kyle Parkins II, MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 Transaction ID : 5410442</p>		
<p>Mailing Address 5131 Somerset Dr</p>			<p>Amount of Each Receipt this Period 200.00</p>		
<p>City Prairie Village</p>	<p>State KS</p>	<p>Zip Code 66207-2233</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer University of Missouri</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 400.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Steven James Schechinger MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 Transaction ID : 5410443</p>		
<p>Mailing Address 1575 Mesa Dr</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Green Bay</p>	<p>State WI</p>	<p>Zip Code 54313-9367</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Ortho & Sports Med Spec of Green Bay</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Alan S Routman MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 Transaction ID : 5410444</p>		
<p>Mailing Address 1717 SE 9th St</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Fort Lauderdale</p>	<p>State FL</p>	<p>Zip Code 33316-1415</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer OrthoFlorida LLC</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 2000.00</p>			
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>1700.00</p>		
<p>TOTAL This Period (last page this line number only).....▶</p>					

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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. Neil J Maki MD

Mailing Address 525 St Mary St

City
Thibodaux

State
LA

Zip Code
70301-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thibodaux Orthopaedics

Occupation

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
10 / 16 / 2013

Transaction ID : 5410445

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert J Hagen MD

Mailing Address 1411 S Creasy Ln Ste 120

City
Lafayette

State
IN

Zip Code
47905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lafayette Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2013

Transaction ID : 5410656

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas S Gorsche MD

Mailing Address 1633 Dakota Drive

City
Waterloo

State
IA

Zip Code
50701

FEC ID number of contributing
federal political committee.

C

Name of Employer

CVMS

Occupation

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
10 / 16 / 2013

Transaction ID : 5410657

Amount of Each Receipt this Period

500.00

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

1250.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Mary Haus MD</p> <p>Mailing Address 4050 Briarwood Dr</p> <p>City State Zip Code Jeannette PA 15644</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Ohio Valley Medical Center Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 Transaction ID : 5410658 </p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Pat D Do MD</p> <p>Mailing Address 8300 Steeplechase St</p> <p>City State Zip Code Wichita KS 67206</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mid America Orthopedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 Transaction ID : 5410659 </p> <p>Amount of Each Receipt this Period 150.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Mark E Werner MD</p> <p>Mailing Address 11310 Carmel Ave NE</p> <p>City State Zip Code Albuquerque NM 87122</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation VHA Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 Transaction ID : 5410660 </p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			1150.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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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. Edgar O Hicks MD

Mailing Address 118 Canterbury Rd

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 5410672

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven Trinkl MD

Mailing Address 13820 N Pine Bluff Rd

City

Mequon

State

WI

Zip Code

53097

FEC ID number of contributing
federal political committee.

C

Name of Employer

OIW

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 5410675

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Piero Capecci MD

Mailing Address 10627 N Trails Edge Dr

City

Peoria

State

IL

Zip Code

61615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Great Plains Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 5410676

Amount of Each Receipt this Period

250.00

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

750.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Robert Marcus Baer MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 Transaction ID : 5410678</p>		
<p>Mailing Address 6344 Rookery Dr</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Fort Collins</p>	<p>State CO</p>	<p>Zip Code 80528</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer O.C.R</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Stephen G J Eckrich MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 Transaction ID : 5410680</p>		
<p>Mailing Address 5511 Shooting Star Trail</p>			<p>Amount of Each Receipt this Period 900.00</p>		
<p>City Rapid City</p>	<p>State SD</p>	<p>Zip Code 57702-8867</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Black Hills Orthopaedic & Spine</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 900.00</p>			
<p>Full Name (Last, First, Middle Initial) C. John F Josephson MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2013 Transaction ID : 5410699</p>		
<p>Mailing Address 4802 S 109th East Ave</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Tulsa</p>	<p>State OK</p>	<p>Zip Code 74146-5822</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Tulsa Bone & Joint Associates</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>1650.00</p>		
<p>TOTAL This Period (last page this line number only).....▶</p>					

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

Use separate schedule(s)
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Detailed Summary Page

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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. Matthew C Reynen MD

Mailing Address 701 8th Ave NW Ste A

City
Aberdeen

State
SD

Zip Code
57401-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
10 / 16 / 2013

Transaction ID : 5410700

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mayo Noerdlinger MD

Mailing Address 1 Edward Circle

City
York

State
ME

Zip Code
03909-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
10 / 16 / 2013

Transaction ID : 5410705

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Moody Kwok MD

Mailing Address 708 Presidential Dr

City
Horsham

State
PA

Zip Code
19044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Abington Orthopedic Specialists

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
10 / 21 / 2013

Transaction ID : 5410753

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Justin R Kauk MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2013 Transaction ID : 5416742</p>		
<p>Mailing Address 3327 Tall Grass Drive</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Naperville</p>	<p>State IL</p>	<p>Zip Code 60564</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Hinsdale Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) B. James O Maher III, MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2013 Transaction ID : 5416743</p>		
<p>Mailing Address 12 Peckham Ave</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Newport</p>	<p>State RI</p>	<p>Zip Code 02840</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer University Orthopaedic Clinic</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Ross Alan Benthien MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2013 Transaction ID : 5416744</p>		
<p>Mailing Address 25 Lakeview Drive</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City West Hartford</p>	<p>State CT</p>	<p>Zip Code 06117</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Orthopedic Associates of Hartford</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 350.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1000.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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

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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. Victor M Hayes MD

Mailing Address 10330 Altrara Way

City State Zip Code
 Trinity FL 34655-7040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trinity Spine Center

Occupation

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
 10 21 2013

Transaction ID : 5416748

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Farhan N Siddiqi MD

Mailing Address 10330 Altrara Way

City State Zip Code
 Trinity FL 34655-7040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trinity Spine Center

Occupation

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
 10 21 2013

Transaction ID : 5416749

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William Andrew Lighthart MD

Mailing Address 448 Curtis Brook Rd

City State Zip Code
 Rutland VT 05701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vermont Ortho Clinic

Occupation

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
 10 21 2013

Transaction ID : 5416750

Amount of Each Receipt this Period

250.00

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

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

750.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Sean David Toomey MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2013 Transaction ID : 5416752</p>		
<p>Mailing Address 1 Crescent Key</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Bellevue</p>	<p>State WA</p>	<p>Zip Code 98006-1009</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Proliance Surgeons</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Alan Rosen MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 21 / 2013 Transaction ID : 5416753</p>		
<p>Mailing Address 307 Lodge Hollow Court</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Houston</p>	<p>State TX</p>	<p>Zip Code 77024</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Jeremy Russell DO</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2013 Transaction ID : 5418418</p>		
<p>Mailing Address 8000 Woodbine Ln</p>			<p>Amount of Each Receipt this Period 150.00</p>		
<p>City Wausau</p>	<p>State WI</p>	<p>Zip Code 54401-8459</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Orthopaedic Assoc of Wausau</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 350.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1400.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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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. Troy B Watkins Jr, MD

Mailing Address 8854 W. Emerald Street
Suite 170

City State Zip Code
Boise ID 83704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mountain States Hand Clinic

Occupation

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
10 18 2013

Transaction ID : 5418419

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paul Albert Liefeld MD

Mailing Address Pittsburgh Office and Research Par
5900 Corporate Dr Ste 200

City State Zip Code
Pittsburgh PA 15237-5843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tri-State Orthopaedics & Sports Medici

Occupation

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
10 18 2013

Transaction ID : 5418423

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael R Schuck MD

Mailing Address 10061 Oak Springs Trail

City State Zip Code
Franktown CO 80116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 18 2013

Transaction ID : 5418424

Amount of Each Receipt this Period

500.00

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

2500.00

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

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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. Shepard R Hurwitz MD

Mailing Address 400 Silver Cedar Ct Ste 100

City

Chapel Hill

State

NC

Zip Code

27514-1585

FEC ID number of contributing
federal political committee.

C

Name of Employer

ABOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

10 / 18 / 2013

Transaction ID : 5418425

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Steven D Glassman MD

Mailing Address 12345 Osage Road

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Norton Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 18 / 2013

Transaction ID : 5418426

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel J Daluga MD

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

Lafayette Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 18 / 2013

Transaction ID : 5418427

Amount of Each Receipt this Period

200.00

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

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

1050.00

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. James Lee Knavel MD

Mailing Address 352 Peller Rd

City

Lake Geneva

State

WI

Zip Code

53147-4543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Health Systems

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : 5418428

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William P Barrett MD

Mailing Address 4011 Talbot Rd S Ste 300

City

Renton

State

WA

Zip Code

98055-5791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2013

Transaction ID : 5418431

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael R Hajek MD

Mailing Address 4328 W 14th Street Rd

City

Greeley

State

CO

Zip Code

80634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2013

Transaction ID : 5418432

Amount of Each Receipt this Period

500.00

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

1750.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Michael S Lefkowitz MD</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 21 / 2013</div> </div> </p>		
<p>Mailing Address 180 N Drexel Ave</p>			<p>Transaction ID : 5418433</p>		
<p>City Columbus</p>	<p>State OH</p>	<p>Zip Code 43209-1482</p>	<p>Amount of Each Receipt this Period <div> <div>500.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee. <div>C</div> </p>					
<p>Name of Employer Orthopedic & Sports Medicine Center</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼ <div>500.00</div> </p>			
<p>Full Name (Last, First, Middle Initial) B. Munir A Shah MD</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 21 / 2013</div> </div> </p>		
<p>Mailing Address 1441 Woodstead Court Ste 300</p>			<p>Transaction ID : 5418434</p>		
<p>City The Woodlands</p>	<p>State TX</p>	<p>Zip Code 77380</p>	<p>Amount of Each Receipt this Period <div>500.00</div> </p>		
<p>FEC ID number of contributing federal political committee. <div>C</div> </p>					
<p>Name of Employer Woodlands Sports Medicine Center</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼ <div>500.00</div> </p>			
<p>Full Name (Last, First, Middle Initial) C. Craig L McDonald MD</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>10 / 21 / 2013</div> </div> </p>		
<p>Mailing Address 618 County Rd. 32N</p>			<p>Transaction ID : 5418435</p>		
<p>City Angleton</p>	<p>State TX</p>	<p>Zip Code 77515</p>	<p>Amount of Each Receipt this Period <div>250.00</div> </p>		
<p>FEC ID number of contributing federal political committee. <div>C</div> </p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼ <div>250.00</div> </p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<div>1250.00</div>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<div></div>		

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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. Wendy L Heusch DO

Mailing Address 13102 127th St Ct E

City

Puyallup

State

WA

Zip Code

98374

FEC ID number of contributing
federal political committee.

C

Name of Employer

Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2013

Transaction ID : 5418436

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paul L Tesar MD

Mailing Address P.O. Box 929

City

Saint Helens

State

OR

Zip Code

97051-0929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2013

Transaction ID : 5418438

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Burton F Elrod MD

Mailing Address 2021 Church St Ste 200

City

Nashville

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elite Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2013

Transaction ID : 5421776

Amount of Each Receipt this Period

500.00

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

2000.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. William T Barrick MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2013 Transaction ID : 5421907</p>		
<p>Mailing Address 1910 South Rd</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Poughkeepsie</p>	<p>State NY</p>	<p>Zip Code 12601</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Daniel P Holub MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2013 Transaction ID : 5421987</p>		
<p>Mailing Address 1111 Delafield St Ste 120</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Waukesha</p>	<p>State WI</p>	<p>Zip Code 53188-3402</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) C. David Thomas Sowa MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2013 Transaction ID : 5425760</p>		
<p>Mailing Address 301 Center Meeting Rd</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Wilmington</p>	<p>State DE</p>	<p>Zip Code 19807-1307</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer First State Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 2000.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>3000.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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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. Douglas R Elenz MD

Mailing Address 900 W 38th St Ste 300

City
Austin

State
TX

Zip Code
78705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Austin Sports Medicine

Occupation

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
10 / 25 / 2013

Transaction ID : 5425761

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Patrick E Clare MD

Mailing Address 575 S 70th St Ste 200

City
Lincoln

State
NE

Zip Code
68510-2471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nebraska Orthopaedic & Sports

Occupation

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
10 / 25 / 2013

Transaction ID : 5425762

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Arthur Steubs MD

Mailing Address 10033 Purgatory Rd

City
Eden Prairie

State
MN

Zip Code
55347-4746

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMP Physicians

Occupation

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
10 / 25 / 2013

Transaction ID : 5425764

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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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. Curtis R Noel MD

Mailing Address 493 Misty Ln

City State Zip Code
 Copley OH 44321

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Crystal Clinic Orthopaedic Center

Occupation
 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
 10 25 2013

Transaction ID : 5425765

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jesse Ellis Templeton MD

Mailing Address 2906 Nottingham Drive

City State Zip Code
 Parma OH 44134

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Orthopaedic Associates

Occupation
 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
 10 25 2013

Transaction ID : 5425766

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James M Colville MD

Mailing Address 27 Teal Rd

City State Zip Code
 Bel Tiburon CA 94920-2339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
 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 Y
 10 23 2013

Transaction ID : 5425792

Amount of Each Receipt this Period

375.00

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

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

1625.00

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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. Steven Braxton Morgan MD

Mailing Address 1222 San Saba Ct

City

Allen

State

TX

Zip Code

75013

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoTexas

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2013

Transaction ID : 5425794

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Bret T Kean MD

Mailing Address 2930 SE Carlton St

City

Portland

State

OR

Zip Code

97202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2013

Transaction ID : 5425795

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paul Novakovich MD

Mailing Address 105 Peck Blvd

City

Lafayette

State

LA

Zip Code

70508-7327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Medical Center of Acadiana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2013

Transaction ID : 5425797

Amount of Each Receipt this Period

250.00

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

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

1250.00

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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. Samuel S Park MD

Mailing Address 2720 S Highland
#571

City State Zip Code
Lombard IL 60148

FEC ID number of contributing
federal political committee.

C

Name of Employer

DuPage Medical Group

Occupation

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
10 23 2013

Transaction ID : 5425798

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jean-Maurice Page MD

Mailing Address 405 Ridings Mitchell Creek Rd

City State Zip Code
London KY 40741

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Joseph Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

788.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 23 2013

Transaction ID : 5425799

Amount of Each Receipt this Period

188.00

Full Name (Last, First, Middle Initial)

C. Sameer B Shammam MD

Mailing Address 10905 Ft Washington Rd Ste 305

City State Zip Code
Fort Washington MD 20744-5812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
10 23 2013

Transaction ID : 5425800

Amount of Each Receipt this Period

1000.00

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

1688.00

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

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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. Kevin Charles Booth MD

Mailing Address 100 Bridges Ct

City State Zip Code
 Alamo CA 94507

FEC ID number of contributing
federal political committee.

C

Name of Employer

NCSI

Occupation

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
 10 23 2013

Transaction ID : 5425802

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Peter D Pizzutillo MD

Mailing Address 926 Bowman Ave

City State Zip Code
 Wynnewood PA 19096

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 23 2013

Transaction ID : 5425803

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

C. Keith A Glowacki MD

Mailing Address 9625 Sloman Pl

City State Zip Code
 Richmond VA 23238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Orthopaedics

Occupation

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
 10 23 2013

Transaction ID : 5425804

Amount of Each Receipt this Period

250.00

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

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

975.00

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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. Obinwanne F C Ugwonali MD

Mailing Address 220 26th St NW Apt 8110

City State Zip Code
Atlanta GA 30309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Peachtree Orthopaedic Clinic

Occupation

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
10 22 2013

Transaction ID : 5425886

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James M Loddengaard MD

Mailing Address 23456 Hawthorne Blvd Ste 300

City State Zip Code
Torrance CA 90505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Torrance Orthopaedics & Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 22 2013

Transaction ID : 5425888

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Christopher John Evanich MD

Mailing Address 2323 North Mayfair Rd
Suite 300

City State Zip Code
Wauwatosa WI 53226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
10 22 2013

Transaction ID : 5425892

Amount of Each Receipt this Period

1000.00

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

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2500.00

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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. Steven J Volin MD

Mailing Address 575 S 70th St Ste 200

City State Zip Code
Lincoln NE 68510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Orthopaedics & Sports Medicin

Occupation
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
10 22 2013

Transaction ID : 5426030

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Alexander Abraham MD

Mailing Address 43 Righters Mill Road

City State Zip Code
Gladwyne PA 19035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rothman Institute

Occupation
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
10 22 2013

Transaction ID : 5426031

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas A St John MD

Mailing Address 6 Shull Farm Rd

City State Zip Code
Erwinna PA 18920-9268

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hunterdon Ortho Institute

Occupation
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
10 22 2013

Transaction ID : 5426032

Amount of Each Receipt this Period

250.00

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1000.00

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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. Edward Moon MD

Mailing Address 18 Bon Air Rd

City State Zip Code
 Larkspur CA 94939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mt Tam Orthopedics

Occupation

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
 10 22 2013

Transaction ID : 5426033

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter Donnan Pardubsky MD

Mailing Address 4911 Millbrook Ct NE

City State Zip Code
 Cedar Rapids IA 52411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Physicians' Clinic of Iowa

Occupation

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
 10 23 2013

Transaction ID : 5426040

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Warren G Kramer III, MD

Mailing Address 1401 Avocado Ave Ste 307

City State Zip Code
 Newport Beach CA 92660-8732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 23 2013

Transaction ID : 5426041

Amount of Each Receipt this Period

500.00

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

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

1250.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Steven D Washburn MD</p> <p>Mailing Address 4830 Highway 260 Ste 103</p> <p>City Lakeside State AZ Zip Code 85929</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2013</p> <p>Transaction ID : 5426043</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. William Scott Bowen MD</p> <p>Mailing Address 5 St Vincent Cir Ste 100</p> <p>City Little Rock State AR Zip Code 72205-5412</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer OrthoSurgeons Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2013</p> <p>Transaction ID : 5426044</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) c. Joy L Long MD</p> <p>Mailing Address 525 Koser Rd</p> <p>City Lititz State PA Zip Code 17543</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Lancaster Orthopaedic Group Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2013</p> <p>Transaction ID : 5426045</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Ryan James Kehoe MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2013 Transaction ID : 5426046</p>		
<p>Mailing Address 14295 Woodmount Dr</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Brookfield</p>	<p>State WI</p>	<p>Zip Code 53005-2390</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Christopher Lee Anderson MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 25 / 2013 Transaction ID : 5426055</p>		
<p>Mailing Address 130 S Canal #524</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Chicago</p>	<p>State IL</p>	<p>Zip Code 60606-3915</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Advanced Orthopaedic Associates</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Sabrina Strickland MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2013 Transaction ID : 5426064</p>		
<p>Mailing Address 535 East 70th St</p>			<p>Amount of Each Receipt this Period 375.00</p>		
<p>City New York</p>	<p>State NY</p>	<p>Zip Code 10021</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Hospital for Special Surgery</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 375.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			1125.00		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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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. Joseph E Mumford MD

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

Stormont Vail Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2013

Transaction ID : 5426065

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Edward B Krisiloff MD

Mailing Address 103 Carriage Trail

City

Belle Mead

State

NJ

Zip Code

08502-4910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
10 / 22 / 2013

Transaction ID : 5426066

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. A Herbert Alexander MD

Mailing Address 106 Defiance
PO Box 1657

City

Sun Valley

State

ID

Zip Code

83353-1657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
10 / 23 / 2013

Transaction ID : 5426461

Amount of Each Receipt this Period

250.00

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

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

1250.00

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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. Audie M Rolnick MD

Mailing Address 333 Las Olas Way
2210

City State Zip Code
Ft Lauderdale FL 33301-2363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
10 / 23 / 2013

Transaction ID : 5426471

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lauren Matteini Burke MD

Mailing Address 334 N Steele Rd

City State Zip Code
West Hartford CT 06117-2231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Orthopedic Associates of Hartford

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
10 / 23 / 2013

Transaction ID : 5426472

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Howard R Epps MD

Mailing Address 1936 Wroxtton Road

City State Zip Code
Houston TX 77005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Baylor College of Medicine

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2013

Transaction ID : 5426474

Amount of Each Receipt this Period

250.00

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

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

1000.00

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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. Andrew P Hartman MD

Mailing Address 781 Sparta

City

Encinitas

State

CA

Zip Code

92024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Specialists of North County

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : 5433507

Amount of Each Receipt this Period

563.00

Full Name (Last, First, Middle Initial)

B. Ensor E Transfeldt MD

Mailing Address Twin Cities Spine Center
913 E 26th St Ste 600

City

Minneapolis

State

MN

Zip Code

55404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Twin Cities Orthopedics

Occupation

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
10 / 25 / 2013

Transaction ID : 5433513

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Charles N Versteeg Jr, MD

Mailing Address 255 Yale Dr

City

Medford

State

OR

Zip Code

97504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Oregon Orthopaedics

Occupation

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
10 / 29 / 2013

Transaction ID : 5436586

Amount of Each Receipt this Period

500.00

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

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

1563.00

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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. Jeffreys D Albright MD

Mailing Address 24076 SE Stark Ste 110

City State Zip Code
Gresham OR 97030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advantage Orthopedics

Occupation

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
10 / 28 / 2013

Transaction ID : 5436590

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nicholas J Honkamp MD

Mailing Address 681 50th St

City State Zip Code
Des Moines IA 50312

FEC ID number of contributing
federal political committee.

C

Name of Employer

DMOS

Occupation

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
10 / 28 / 2013

Transaction ID : 5436592

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lowry Jones Jr, MD

Mailing Address 2609 W 65th St

City State Zip Code
Mission Hills KS 66208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dickson Diveley Midwest Ortho

Occupation

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
10 / 28 / 2013

Transaction ID : 5436594

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Michael J Yaszemski MD, PhD</p> <p>Mailing Address 2806 15th Ave SW</p> <p>City State Zip Code Rochester MN 55902</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mayo Clinic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 28 2013</p> <p>Transaction ID : 5437652</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) B. James F Scoggin III, MD</p> <p>Mailing Address P.O. Box 25823</p> <p>City State Zip Code Honolulu HI 96825-0823</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 28 2013</p> <p>Transaction ID : 5437653</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Joseph E Alhadeff MD</p> <p>Mailing Address 710 Oakwood Dr</p> <p>City State Zip Code Red Lion PA 17356</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Orthopaedic & Spine Specialists Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 28 2013</p> <p>Transaction ID : 5437654</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2000.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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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. Robert A Kelly MD

Mailing Address 3084 W Roxboro Rd NE

City
Atlanta

State
GA

Zip Code
30324-2922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

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
10 / 28 / 2013

Transaction ID : 5437655

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeffrey D Noblin MD

Mailing Address 3635 Bienville Blvd

City

Ocean Springs

State

MS

Zip Code

39564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bienville Orthopaedic Specialists

Occupation

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
10 / 28 / 2013

Transaction ID : 5437657

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James Alexander Foley MD

Mailing Address 1705 E Bristlecone Dr

City

Hartland

State

WI

Zip Code

53029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates of Wisconsin

Occupation

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
10 / 28 / 2013

Transaction ID : 5437658

Amount of Each Receipt this Period

250.00

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

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2250.00

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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. Robert Howard Rolf MD

Mailing Address 4577 Philnoll Dr

City

Cincinnati

State

OH

Zip Code

45247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beacon Orthopaedic & Sports Med

Occupation

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
10 / 29 / 2013

Transaction ID : 5437662

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Adolph J Yates Jr, MD

Mailing Address 52 Mallard Dr

City

Pittsburgh

State

PA

Zip Code

15238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Pittsburgh Med Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2013

Transaction ID : 5437663

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

c. Michael Robert Krueger MD

Mailing Address 175 Emerald Way

City

Elizabethtown

State

KY

Zip Code

42701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
10 / 29 / 2013

Transaction ID : 5437666

Amount of Each Receipt this Period

500.00

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

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

1900.00

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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. Lawrence J Iwersen MD

Mailing Address 540 Robocker Ln

City

Kalispell

State

MT

Zip Code

59901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2013

Transaction ID : 5437667

Amount of Each Receipt this Period

188.00

Full Name (Last, First, Middle Initial)

B. Lawrence Joseph Kusior MD

Mailing Address 10 Trinity Way

City

Lagrangeville

State

NY

Zip Code

12540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Associates of Dutchess Coun

Occupation

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
10 / 29 / 2013

Transaction ID : 5437668

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bruce J Sangeorzan MD

Mailing Address Dept of Ortho

325 Ninth Ave Box 359798

City

Seattle

State

WA

Zip Code

98104-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

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
10 / 31 / 2013

Transaction ID : 5441403

Amount of Each Receipt this Period

500.00

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

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

1688.00

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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. Gregory S McDowell MD

Mailing Address 2900 12th Ave N Ste 140W

City State Zip Code
 Billings MT 59101-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoMontana

Occupation

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
 10 31 2013

Transaction ID : 5442871

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William L Ritchie IV, MD

Mailing Address 201 Cedar SE Ste 6600

City State Zip Code
 Albuquerque NM 87106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
 10 31 2013

Transaction ID : 5442872

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. W Stanley Foster MD

Mailing Address 108 Valerie Dr

City State Zip Code
 Lafayette LA 70508-6008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lafayette General Health Ventures

Occupation

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
 10 31 2013

Transaction ID : 5442873

Amount of Each Receipt this Period

250.00

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1750.00

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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 A Snyder MD

Mailing Address 7229 Overton Way

City State Zip Code
 Maineville OH 45039

FEC ID number of contributing
federal political committee.

C

Name of Employer

TriHealth

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 31 2013

Transaction ID : 5442874

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Andrew Wilson Ryan MD

Mailing Address 2537 Larkin Rd

City State Zip Code
 Lexington KY 40503-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer

OrthoKentucky

Occupation

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
 10 31 2013

Transaction ID : 5442875

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ronald Anthony Navarro MD

Mailing Address 18 Wide Loop Rd

City State Zip Code
 Rolling Hills CA 90274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern California Permanente Medical

Occupation

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
 10 31 2013

Transaction ID : 5442877

Amount of Each Receipt this Period

200.00

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

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

2700.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David W Polly Jr, MD

Mailing Address 7405 Hyde Park Dr

City
Minneapolis

State Zip Code
MN 55439-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Minnesota

Occupation
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
10 / 31 / 2013

Transaction ID : 5442878

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael B Grillot MD

Mailing Address 5919 S Farm Rd 183

City
Rogersville

State Zip Code
MO 65742-8235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital

Occupation
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
10 / 31 / 2013

Transaction ID : 5442879

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Roland H Winter MD

Mailing Address 5660 E Acorn Ct

City
Stockton

State Zip Code
CA 95212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alpine Orthopaedic Medical Group

Occupation
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
10 / 31 / 2013

Transaction ID : 5442880

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Melbourne D Boynton MD</p> <p>Mailing Address 3 Albert Cree Dr</p> <p>City State Zip Code Rutland VT 05701-4601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Vermont Ortho Clinic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2013</p> <p>Transaction ID : 5442882</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Geoffrey H Westrich MD</p> <p>Mailing Address 535 East 70th St</p> <p>City State Zip Code New York NY 10021</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Hospital for Special Surgery Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 02 / 2013</p> <p>Transaction ID : 5443854</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Joseph E Broyles MD</p> <p>Mailing Address 1371 Elmcrest Dr</p> <p>City State Zip Code Baton Rouge LA 70808-8882</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Bone & Joint Ctr of Baton Rouge Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2013</p> <p>Transaction ID : 5445158</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2000.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. James B Benjamin MD</p> <p>Mailing Address 1555 E River Rd</p> <p>City Tucson State AZ Zip Code 85718</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 04 / 2013 Transaction ID : 5447444</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Frank P Giammattei MD</p> <p>Mailing Address 30 Woodbrook Rd</p> <p>City Swarthmore State PA Zip Code 19081</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Premier Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 249.99</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 Transaction ID : 5449094</p> <p>Amount of Each Receipt this Period 83.33</p>	
<p>Full Name (Last, First, Middle Initial) c. Chad A Krueger MD</p> <p>Mailing Address 14827 Forward Pass</p> <p>City San Antonio State TX Zip Code 78248-0974</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation U.S. Army Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 270.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 06 / 2013 Transaction ID : 5450499</p> <p>Amount of Each Receipt this Period 30.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1113.33</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

Use separate schedule(s)
for each category of the
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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. Dean R Schueller MD

Mailing Address 1778 Sheridan

City

Ann Arbor

State

MI

Zip Code

48104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2013

Transaction ID : 5451773

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William M Strassberg MD

Mailing Address 36 Sailors Bluff

City

Northport

State

ME

Zip Code

04849-3063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Desert Island Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 11 / 2013

Transaction ID : 5460686

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Edward Blair Miller MD

Mailing Address 1709 Timber Hills Rd

City

Mount Shasta

State

CA

Zip Code

96067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 12 / 2013

Transaction ID : 5468575

Amount of Each Receipt this Period

250.00

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

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

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. James Douglas Baker MD

Mailing Address 560 S Loop Rd

City	State	Zip Code
Edgewood	KY	41017

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		14		2013

Transaction ID : 5471289

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Enzo J Sella MD

Mailing Address 2408 Whitney Ave

City	State	Zip Code
Hamden	CT	06518-3209

FEC ID number of contributing federal political committee.

C

Name of Employer

Connecticut Ortho Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2013

Transaction ID : 5475795

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey H Berg MD

Mailing Address 1860 Town Center Dr Ste 300

City	State	Zip Code
Reston	VA	20190

FEC ID number of contributing federal political committee.

C

Name of Employer

Town Center Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2013

Transaction ID : 5477193

Amount of Each Receipt this Period

500.00

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

1750.00

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

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Use separate schedule(s)
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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. Arnold Wilson MD

Mailing Address 75 E Gun Hill Rd

City State Zip Code
Bronx NY 10467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilson Orthopaedics

Occupation
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
11 / 17 / 2013

Transaction ID : 5477339

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Adam Johnson MD

Mailing Address 5441 Colibri Pl

City State Zip Code
Farmington NM 87402-5312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates

Occupation
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
11 / 05 / 2013

Transaction ID : 5479200

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James Jay Harms MD

Mailing Address 705 S Elm Blvd

City State Zip Code
Champaign IL 61820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
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
11 / 05 / 2013

Transaction ID : 5479202

Amount of Each Receipt this Period

100.00

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

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

1600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 271 OF 421
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Thomas E Baier MD

Mailing Address 725 Stonegate

City	State	Zip Code
Libertyville	IL	60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenleaf Orthopaedic AssociatesOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	05	/	2013

Transaction ID : 5479203

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey H Charen MD

Mailing Address 205 May St Ste 202

City	State	Zip Code
Edison	NJ	08837-3267

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho. Assoc. of Central JerseyOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	05	/	2013

Transaction ID : 5479204

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Charles H Alexander MD

Mailing Address 6758 Passons Blvd

City	State	Zip Code
Pico Rivera	CA	90660

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	05	/	2013

Transaction ID : 5479205

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. George H Thompson MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 Transaction ID : 5479247</p>		
<p>Mailing Address 21249 Claythorne Rd</p>			<p>Amount of Each Receipt this Period 100.00</p>		
<p>City Shaker Heights</p>	<p>State OH</p>	<p>Zip Code 44122</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Case Medical Center</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 475.00</p>			
<p>Full Name (Last, First, Middle Initial) B. David Lessing MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 Transaction ID : 5479249</p>		
<p>Mailing Address 20 Oakcrest Ct</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Holmdel</p>	<p>State NJ</p>	<p>Zip Code 07733-1162</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Thomas G Padanilam MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2013 Transaction ID : 5479923</p>		
<p>Mailing Address 528 Forest Lake Dr</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Holland</p>	<p>State OH</p>	<p>Zip Code 43528-9028</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Toledo Orthopaedic Surgeons</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>850.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. William J Robb III, MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2013 Transaction ID : 5479924</p>		
<p>Mailing Address 23 Indian Hill Rd</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Winnetka</p>	<p>State IL</p>	<p>Zip Code 60093</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Illinois Bone & Joint Institute</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 2000.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Matthew John Weresh MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2013 Transaction ID : 5480037</p>		
<p>Mailing Address 6001 Westown Pkwy</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City West Des Moines</p>	<p>State IA</p>	<p>Zip Code 50266-7702</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Des Moines Ortho Surgeons</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1500.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Keith D Osborn MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2013 Transaction ID : 5480039</p>		
<p>Mailing Address 1840 Ridgfield Dr</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Roswell</p>	<p>State GA</p>	<p>Zip Code 30075</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Resurgens Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>2000.00</p>		
<p>TOTAL This Period (last page this line number only).....▶</p>					

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NAME OF COMMITTEE (In Full)

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

A. Robert Joseph Goitz MD Full Name (Last, First, Middle Initial) Mailing Address Dept of Ortho Surgery 3471 5th Ave Ste 911 City Pittsburgh State PA Zip Code 15213-3221 FEC ID number of contributing federal political committee. C Name of Employer UPMC Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2013 Transaction ID : 5480040 Amount of Each Receipt this Period 500.00
B. John K Bradway MD Full Name (Last, First, Middle Initial) Mailing Address 10213 N 92nd St Ste 101 City Scottsdale State AZ Zip Code 85258 FEC ID number of contributing federal political committee. C Name of Employer Ortho Arizona PLLC Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2013 Transaction ID : 5480041 Amount of Each Receipt this Period 250.00
c. Constantine Charoglu MD Full Name (Last, First, Middle Initial) Mailing Address 318 40th Pl City Hattiesburg State MS Zip Code 39402 FEC ID number of contributing federal political committee. C Name of Employer Southern Bone & Joint Center Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2013 Transaction ID : 5480042 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)..... ▶		1750.00
TOTAL This Period (last page this line number only)..... ▶		

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael Leathers MD

Mailing Address 2801 K St Ste 330

City

Sacramento

State

CA

Zip Code

95816-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

438.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480043

Amount of Each Receipt this Period

188.00

Full Name (Last, First, Middle Initial)

B. John Anthony DiPreta MD

Mailing Address 35 West Sky Lane

City

Clifton Park

State

NY

Zip Code

12065-7203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Capital Region Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

385.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480044

Amount of Each Receipt this Period

385.00

Full Name (Last, First, Middle Initial)

C. Thomas W Wright MD

Mailing Address PO Box 112727

3450 Hull Road

City

Gainesville

State

FL

Zip Code

32610

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480045

Amount of Each Receipt this Period

1000.00

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

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

1573.00

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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. Frank J Eismont MD

Mailing Address 4201 Palm Ln

City State Zip Code
 Miami FL 33137

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Miami

Occupation

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
 11 / 07 / 2013

Transaction ID : 5480046

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jeffrey C Davis MD

Mailing Address 1208 Perthshire Ct

City State Zip Code
 Hoover AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Andrews Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : 5480047

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. William C McMaster MD

Mailing Address 3032 Capri Lane

City State Zip Code
 Costa Mesa CA 92626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : 5480050

Amount of Each Receipt this Period

250.00

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

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

1350.00

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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. Thomas K Fehring MD

Mailing Address 2329 Pender Pl

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ortho Carolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480052

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eric R Benson MD

Mailing Address 78 Tirrell Rd

City State Zip Code
Bedford NH 03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480053

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Eddie Y Lo MD

Mailing Address 813 Vega Cir

City State Zip Code
Foster City CA 94404-2729

FEC ID number of contributing
federal political committee.

C

Name of Employer

SF Multispecialty Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 05 / 2013

Transaction ID : 5480279

Amount of Each Receipt this Period

375.00

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

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

1625.00

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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. Gordon M Mead MD

Mailing Address P.O. Box 51455

City

Shreveport

State

LA

Zip Code

71135-1455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Highland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 05 / 2013

Transaction ID : 5480283

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard W Tobin MD

Mailing Address 3415 Eagle Crest Rd. NW

City

Salem

State

OR

Zip Code

97304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2013

Transaction ID : 5480284

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ralph T Salvagno MD

Mailing Address 3 Grand St

City

Hancock

State

MD

Zip Code

21750-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Joint Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480285

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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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. Richard Roux MD

Mailing Address 7210 Scenic Dr

City State Zip Code
 Yakima WA 98908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 11 / 07 / 2013

Transaction ID : 5480335

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. John A Bojeskul MD

Mailing Address 2108 Wythe Dr

City State Zip Code
 Evans GA 30809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 11 / 07 / 2013

Transaction ID : 5480336

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Samantha A Spencer MD

Mailing Address 9 Hawthorne Pl #8-M

City State Zip Code
 Boston MA 02114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Childrens Ortho Surgical

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
 11 / 07 / 2013

Transaction ID : 5480337

Amount of Each Receipt this Period

1000.00

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

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

1800.00

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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. Hal S Crane MD

Mailing Address 3632 Bancroft Rd.

City State Zip Code
 Baltimore MD 21215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baltimore WA Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480339

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Randall Evan Marcus MD

Mailing Address 11100 Euclid Ave

City State Zip Code
 Cleveland OH 44106-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480342

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Randeep S Kahlon MD

Mailing Address 206 Hockessin Cir

City State Zip Code
 Hockessin DE 19707

FEC ID number of contributing
federal political committee.

C

Name of Employer

First State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480343

Amount of Each Receipt this Period

500.00

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1600.00

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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. Douglas J Fauser MD

Mailing Address 664 Stoneleigh Ave Ste 300

City State Zip Code
 Carmel NY 10512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Somers Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480400

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Philip Justin Glassner MD

Mailing Address 67 Kingwood Stockton Rd

City State Zip Code
 Stockton NJ 08559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hunterdon Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480401

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Annunziato Amendola MD

Mailing Address UI Sports Med Ctr
 2701 Prairie Meadow Dr

City State Zip Code
 Iowa City IA 52242

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480403

Amount of Each Receipt this Period

1000.00

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

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2250.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Jonathan Daniel Scherl MD</p> <p>Mailing Address 40 Evergreen Pl</p> <p>City State Zip Code Tenaflly NJ 07670</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt 11 / 07 / 2013 Transaction ID : 5480404 </p> <p>Amount of Each Receipt this Period 300.00</p>	
<p>Full Name (Last, First, Middle Initial) B. P R Chandrasekaran MD</p> <p>Mailing Address 234 El Cielo Dr.</p> <p>City State Zip Code Bakersfield CA 93305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt 11 / 07 / 2013 Transaction ID : 5480433 </p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Joshua Charles Richards MD</p> <p>Mailing Address 94 The Uplands</p> <p>City State Zip Code Berkeley CA 94705-2815</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt 11 / 07 / 2013 Transaction ID : 5480434 </p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			800.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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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. Harvey E Smires Jr, MD

Mailing Address 66 Hickory Court

City

Rocky Hill

State

NJ

Zip Code

08553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Princeton Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480435

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joshua B Frank MD

Mailing Address 175 E 96th St
PH-T

City

New York

State

NY

Zip Code

10128-3914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480466

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Stephen R Pledger MD

Mailing Address 611 Da Vinci Dr

City

Middletown

State

OH

Zip Code

45042-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Health Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480467

Amount of Each Receipt this Period

500.00

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2000.00

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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. Eric L Freedman MD

Mailing Address 72-870 Halco Dunes Way

City State Zip Code
 Rancho Mirage CA 92270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 5480470

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Raymond J Sullivan MD

Mailing Address 45 Saddle Ridge Dr

City State Zip Code
 West Simsbury CT 06092-2118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Orthopedic Associates of Hartford

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 5535995

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Nicholas Rajacich MD

Mailing Address 619 North I Street

City State Zip Code
 Tacoma WA 98403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Multicare Health Systems

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 5535996

Amount of Each Receipt this Period

250.00

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

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

750.00

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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. Peter G Noordsij MD

Mailing Address Concord Orthopaedics PA
264 Pleasant St

City State Zip Code
Concord NH 03301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Concord Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 5535997

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kenneth N Adatto MD

Mailing Address 1208 Philip St

City State Zip Code
New Orleans LA 70130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orleans Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 5535998

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark A Bergin MD

Mailing Address 23829 Little Mack
Suite 100

City State Zip Code
Saint Clair Shores MI 48080-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Clair Ortho. & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 5535999

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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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. Peter S Harvey MD

Mailing Address P.O. Box 1660

City
Senoia

State
GA

Zip Code
30276

FEC ID number of contributing
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

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
11 / 15 / 2013

Transaction ID : 5536000

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. George W Prutzman Jr, MD

Mailing Address 4235 Wild Eagle Terrace

City
Reno

State
NV

Zip Code
89511-6724

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Bee Ririe Hospital

Occupation

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
11 / 15 / 2013

Transaction ID : 5536001

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jay David Pond MD

Mailing Address 2729 Antero Dr.

City
Arlington

State
TX

Zip Code
76006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arlington Orthopedic Associates

Occupation

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
11 / 15 / 2013

Transaction ID : 5536002

Amount of Each Receipt this Period

500.00

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

1500.00

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

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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. Gregory G Gallant MD, MBA

Mailing Address 3560 Byron Dr

City State Zip Code
Doylestown PA 18902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Abington Orthopedic Specialists

Occupation

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
11 / 15 / 2013

Transaction ID : 5536003

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stanley Robert Askin MD

Mailing Address 2 Surrey Rd

City State Zip Code
Elkins Park PA 19027-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
11 / 15 / 2013

Transaction ID : 5536009

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Douglas P Tewes MD

Mailing Address P.O. Box 6939

City State Zip Code
Lincoln NE 68506-0939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lincoln Orthopaedic Center

Occupation

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
11 / 15 / 2013

Transaction ID : 5536010

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Christopher N Chihlas MD</p> <p>Mailing Address 230 River Farm Drive</p> <p>City State Zip Code East Greenwich RI 02818</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Orthopaedic Associates Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 15 2013</p> <p>Transaction ID : 5536011</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Gregory H Portland MD</p> <p>Mailing Address 666 Garland Ave</p> <p>City State Zip Code Winnetka IL 60093</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Illinois Bone & Joint Institute Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 15 2013</p> <p>Transaction ID : 5536013</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Brad R Bruns MD</p> <p>Mailing Address 5620 E Bell Rd</p> <p>City State Zip Code Scottsdale AZ 85254-5950</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Arizona Bone & Joint Specialists Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 15 2013</p> <p>Transaction ID : 5536014</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1000.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. David Arthur Detrisac MD</p> <p>Mailing Address 3609 E Arbutus</p> <p>City State Zip Code Okemos MI 48864</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation East Lansing Orthopaedic Assoc Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2013</p> <p>Transaction ID : 5536016</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Timothy M Risko MD</p> <p>Mailing Address 7600 Continental Pkwy</p> <p>City State Zip Code Amarillo TX 79119-6579</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2013</p> <p>Transaction ID : 5536017</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Robert J Bielski MD</p> <p>Mailing Address 4135 Grove Avenue</p> <p>City State Zip Code Western Springs IL 60558</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Univ of Chicago Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2013</p> <p>Transaction ID : 5536019</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2000.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael F Schafer MD

Mailing Address 1815 W Ridgewood Lane

City
Glenview

State Zip Code
IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Univ Medical School

Occupation
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
11 / 20 / 2013

Transaction ID : 5536474

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian D Mulliken MD

Mailing Address 35 Brett Manor Ct

City
Hunt Valley

State Zip Code
MD 21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Maryland

Occupation
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
11 / 20 / 2013

Transaction ID : 5536475

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven Gammon MD

Mailing Address 2006 Bison Court

City
Grand Junction

State Zip Code
CO 81507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rocky Mountain Orthopaedics Assoc

Occupation
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
11 / 20 / 2013

Transaction ID : 5536587

Amount of Each Receipt this Period

250.00

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

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

1500.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Daniel C Wnorowski MD</p> <p>Mailing Address 4309 Hepatica Hill Rd</p> <p>City State Zip Code Manlius NY 13104-8714</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2013 Transaction ID : 5536588 </p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Dirk H Dugan MD</p> <p>Mailing Address 1301 Trumansburg Rd Ste R</p> <p>City State Zip Code Ithaca NY 14850-1397</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Cayuga Medical Associates Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2013 Transaction ID : 5536589 </p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Richard D McEvoy MD</p> <p>Mailing Address 3831 Piper St Ste S220</p> <p>City State Zip Code Anchorage AK 99508-4680</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2013 Transaction ID : 5536590 </p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			2250.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Thomas J Grogan MD</p> <p>Mailing Address 521 S. Westgate Ave</p> <p>City State Zip Code Los Angeles CA 90049</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2013</p> <p>Transaction ID : 5536591</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Douglas H Murray MD</p> <p>Mailing Address 4224 Valley Trail Dr</p> <p>City State Zip Code Atlanta GA 30339</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013</p> <p>Transaction ID : 5536600</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Glenn Dale Lane MD</p> <p>Mailing Address 1285 Hembree Rd Ste 200 A</p> <p>City State Zip Code Roswell GA 30076-4995</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013</p> <p>Transaction ID : 5536602</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1000.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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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. Philip E Havens MD

Mailing Address 1501 Bright Rd

City State Zip Code
Findlay OH 45840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Orthopaedics & Sports Med

Occupation
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
11 / 21 / 2013

Transaction ID : 5536604

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John F Irving MD

Mailing Address 29 Hunters Way

City State Zip Code
Hamden CT 06514

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Orthopaedic Group

Occupation
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
11 / 21 / 2013

Transaction ID : 5536770

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dmitry Tudor MD

Mailing Address 329 Elizabeth Rd

City State Zip Code
San Antonio TX 78209-5960

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.S. Air Force

Occupation
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
11 / 21 / 2013

Transaction ID : 5536774

Amount of Each Receipt this Period

500.00

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

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

2500.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. William W Faloon Jr, MD</p> <p>Mailing Address 6618 Tomaker Ln</p> <p>City State Zip Code Spokane WA 99223</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Coulee Medical Center Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 5536776 </p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Andrew Roger Curran DO</p> <p>Mailing Address 4262 S Rustler Ln</p> <p>City State Zip Code Meridian ID 83642</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 5536777 </p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Stephen W Ripple MD</p> <p>Mailing Address 7999 W Villa Chula Ln</p> <p>City State Zip Code Peoria AZ 85383</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 750.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 5536781 </p> <p>Amount of Each Receipt this Period 750.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			1500.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

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

A. Christopher C Kain MD Full Name (Last, First, Middle Initial) Mailing Address 6495 Tracyton Blvd NW City Bremerton State WA Zip Code 98311 FEC ID number of contributing federal political committee. C Name of Employer West Sound Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 5536783 Amount of Each Receipt this Period 1000.00	
B. Donald Mark Arms MD Full Name (Last, First, Middle Initial) Mailing Address 513 Clinton Road City Lexington State KY Zip Code 40502 FEC ID number of contributing federal political committee. C Name of Employer Georgetown Community Hospital Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 5536788 Amount of Each Receipt this Period 500.00	
C. Rodney L Plaster MD Full Name (Last, First, Middle Initial) Mailing Address Eastern Oklahoma Ortho Ctr 6475 S Yale Ave Ste 301 City Tulsa State OK Zip Code 74136 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 Transaction ID : 5536789 Amount of Each Receipt this Period 1000.00	
SUBTOTAL of Receipts This Page (optional)..... ▶			2500.00	
TOTAL This Period (last page this line number only)..... ▶				

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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. Dennis R Bozarth MD

Mailing Address 14401 Adams St

City State Zip Code
Lincoln NE 68527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Orthopaedic Group

Occupation
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
11 / 21 / 2013

Transaction ID : 5536790

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Alan Garvin Anz MD

Mailing Address 1509 W Boulevard Ct

City State Zip Code
Columbia MO 65203-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2013

Transaction ID : 5536791

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Alexander Cho MD

Mailing Address 57-45 226th Street

City State Zip Code
Oakland Gardens NY 11364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Orthopaedic Surgery Associates

Occupation
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
11 / 21 / 2013

Transaction ID : 5536792

Amount of Each Receipt this Period

250.00

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

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1275.00

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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. Amar S Ranawat MD

Mailing Address Hospital of Special Surgery
535 E 70th St 6th Fl

City State Zip Code
New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 22 / 2013

Transaction ID : 5536822

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David A Wolff MD

Mailing Address 5663 Ashbourne Ln

City State Zip Code
Fitchburg WI 53711-6966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dean Health Systems

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 23 / 2013

Transaction ID : 5537092

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Paul Houde MD

Mailing Address 125 Mascoma Street

City State Zip Code
Lebanon NH 03766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Regional Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

11 / 23 / 2013

Transaction ID : 5537096

Amount of Each Receipt this Period

350.00

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

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

1850.00

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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 Grady-Benson MD

Mailing Address 32 Mountain Rd

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

11 / 08 / 2013

Transaction ID : 5537139

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Dinakar S Murthi MD

Mailing Address 12 Cottage Walk

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 24 / 2013

Transaction ID : 5537144

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Joshua J Jacobs MD

Mailing Address 2407 Pomona Ln

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Orthopaedics at Rush

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 22 / 2013

Transaction ID : 5538318

Amount of Each Receipt this Period

500.00

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

5875.00

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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. Elliot Decker MD

Mailing Address 25 Bluebird Ct

City State Zip Code
Flemington NJ 08822-5508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hunterdon Ortho Institute

Occupation

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
11 / 22 / 2013

Transaction ID : 5538319

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. C Daniel Smith DO

Mailing Address 2501 Gene Field Rd

City State Zip Code
Saint Joseph MO 64506-1613

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Ortho & Sports Medicine Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 22 / 2013

Transaction ID : 5538322

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Donald R Davis MD

Mailing Address 4202 Park Hollow Ct

City State Zip Code
Austin TX 78746-1247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
11 / 22 / 2013

Transaction ID : 5538323

Amount of Each Receipt this Period

500.00

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

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

1750.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. David Richmond Whiddon MD</p> <p>Mailing Address 2810 Deer Leap Lane</p> <p>City York State PA Zip Code 17403</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Wellspring Medical Group Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013 Transaction ID : 5538325</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Pasquale Petrera MD</p> <p>Mailing Address 1675 Woodbrooke Dr</p> <p>City Salisbury State MD Zip Code 21804</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Peninsula Orthopaedics Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013 Transaction ID : 5538327</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Anthony Saker MD</p> <p>Mailing Address 1601 Clint Moore Rd Ste 125</p> <p>City Boca Raton State FL Zip Code 33487</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013 Transaction ID : 5538328</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1500.00</p>	
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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. Brett Stanford Sanders MD

Mailing Address 2415 McCallie Ave

City

Chattanooga

State

TN

Zip Code

37404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center for Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 22 / 2013

Transaction ID : 5538329

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kris John Alden MD, PhD

Mailing Address 2940 Rollingridge Rd
Ste 102

City

Naperville

State

IL

Zip Code

60564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 29 / 2013

Transaction ID : 5544638

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Evan Scott Lederman MD

Mailing Address 2222 E Highland Av Ste 300

City

Phoenix

State

AZ

Zip Code

85016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 29 / 2013

Transaction ID : 5544665

Amount of Each Receipt this Period

250.00

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2250.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Frank R Kolisek MD</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 02 / 2013 Transaction ID : 5547908</p>	
<p>Mailing Address 1260 Innovation Pkwy Ste 100 City Greenwood State IN Zip Code 46143</p>		<p>Amount of Each Receipt this Period 1000.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>			
<p>Name of Employer Occupation OrthoIndy Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Frank P Giammattei MD</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2013 Transaction ID : 5577232</p>	
<p>Mailing Address 30 Woodbrook Rd City Swarthmore State PA Zip Code 19081</p>		<p>Amount of Each Receipt this Period 83.33</p>	
<p>FEC ID number of contributing federal political committee. C</p>			
<p>Name of Employer Occupation Premier Orthopaedics Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 333.32</p>	
<p>Full Name (Last, First, Middle Initial) c. Chad A Krueger MD</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2013 Transaction ID : 5579104</p>	
<p>Mailing Address 14827 Forward Pass City San Antonio State TX Zip Code 78248-0974</p>		<p>Amount of Each Receipt this Period 30.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>			
<p>Name of Employer Occupation U.S. Army Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 300.00</p>	
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>		1113.33	
<p>TOTAL This Period (last page this line number only).....▶</p>			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Michael John Dunn MD

Mailing Address 139 Stillwater Dr

City State Zip Code
 Saint Simons Island GA 31522

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Southern Orthopaedic Specialists

Occupation
 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
 12 06 2013

Transaction ID : 5581229

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael John Dunn MD

Mailing Address 139 Stillwater Dr

City State Zip Code
 Saint Simons Island GA 31522

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Southern Orthopaedic Specialists

Occupation
 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
 12 06 2013

Transaction ID : 5581232

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David West Griffin MD

Mailing Address 650 Lagoon Rd

City State Zip Code
 Vero Beach FL 32963

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
 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
 12 03 2013

Transaction ID : 5582624

Amount of Each Receipt this Period

250.00

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750.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Bradley C Carofino MD</p> <p>Mailing Address 3377 Herons Gate</p> <p>City State Zip Code Virginia Bch VA 23452-6148</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 03 / 2013</p> <p>Transaction ID : 5582625</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) B. Kevin W Lanighan MD</p> <p>Mailing Address 5527 Pine Loch Lane</p> <p>City State Zip Code Williamsville NY 14221-2851</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Northtowns Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 03 / 2013</p> <p>Transaction ID : 5582626</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name (Last, First, Middle Initial) c. Charles N Hubbard MD</p> <p>Mailing Address Georgia Ortho Society 150 Clinic Ave</p> <p>City State Zip Code Carrollton GA 30117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Georgia Orthopaedic Society Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 03 / 2013</p> <p>Transaction ID : 5582627</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>2250.00</p>

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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. Edward H Saer III, MD

Mailing Address 600 S McKinley St Ste 300

City
Little Rock

State Zip Code
AR 72205-5220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Specialty Spine Center

Occupation
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
12 / 03 / 2013

Transaction ID : 5582628

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Glenn J Jarrett MD

Mailing Address 2360 Mullan Rd Ste C

City
Missoula

State Zip Code
MT 59808-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
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
12 / 03 / 2013

Transaction ID : 5582629

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kevin Bron Cleveland MD

Mailing Address 150 E Goodwyn St

City
Memphis

State Zip Code
TN 38111-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Campbell Clinic

Occupation
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
12 / 03 / 2013

Transaction ID : 5582630

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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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. Daniel J Emerson MD

Mailing Address 29 Oak Meadow

City
Evansville

State Zip Code
IN 47725

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Army

Occupation

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
12 / 03 / 2013

Transaction ID : 5582631

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James C Karegeannes MD

Mailing Address 123 Skyview Dr

City
Asheville

State Zip Code
NC 28804-2720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
12 / 03 / 2013

Transaction ID : 5582633

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Z Edwards MD

Mailing Address 915 Dorchester Place
Apt 204

City
Charlottesville

State Zip Code
VA 22911-4620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martha Jefferson Hospital

Occupation

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
12 / 03 / 2013

Transaction ID : 5582634

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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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. Marvin R Leventhal MD

Mailing Address 151 Greenbriar Dr

City

Memphis

State

TN

Zip Code

38117-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memphis Orthopedic Group

Occupation

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
12 / 03 / 2013

Transaction ID : 5582636

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brian L Davison MD

Mailing Address 8090 Crossgate Ct South

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopaedic One

Occupation

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
12 / 03 / 2013

Transaction ID : 5582641

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Matthew David Welsch MD

Mailing Address 2513 Abbey Way

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pee Dee Orthopaedic Associates

Occupation

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
12 / 03 / 2013

Transaction ID : 5582647

Amount of Each Receipt this Period

250.00

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

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

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Larry Michael Carroll MD

Mailing Address 1117 East 6th Ave

City

Houghton

State

MI

Zip Code

49931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Portage Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2013

Transaction ID : 5582648

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Michael F Sacco MD

Mailing Address 120 Norlyn Dr

City

Walnut Creek

State

CA

Zip Code

94596-4258

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Bay Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2013

Transaction ID : 5582749

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Philip William Mack MD

Mailing Address 6 Ericka Circle

City

East Longmeadow

State

MA

Zip Code

01028-1658

FEC ID number of contributing
federal political committee.

C

Name of Employer

Connecticut Children's Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2013

Transaction ID : 5582750

Amount of Each Receipt this Period

250.00

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

1050.00

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

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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. O Alton Barron MD

Mailing Address CV Starr Hand Surg Center
 1000 10th Ave 3rd FL

City State Zip Code
 New York NY 10019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 12 03 2013

Transaction ID : 5582751

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jack Farr II, MD

Mailing Address 5287 N 400 W

City State Zip Code
 Bargersville IN 46106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OrthoIndy

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
 12 03 2013

Transaction ID : 5582754

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James A Shaffer MD

Mailing Address 69 Grandview Blvd

City State Zip Code
 Wyomissing PA 19609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

AJRC

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
 12 03 2013

Transaction ID : 5582755

Amount of Each Receipt this Period

250.00

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

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

1250.00

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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. David F Bindelglass MD

Mailing Address 75 Kings Hwy Cutoff Ste 100

City State Zip Code
 Fairfield CT 06824-5358

FEC ID number of contributing federal political committee.

C

Name of Employer

Orthopaedic Specialty Group

Occupation

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
 12 03 2013

Transaction ID : 5582756

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Nicholas V Polifroni MD

Mailing Address 40 Cross St Ste 300

City State Zip Code
 Norwalk CT 06851-4661

FEC ID number of contributing federal political committee.

C

Name of Employer

Coastal Orthopaedics

Occupation

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
 12 03 2013

Transaction ID : 5582771

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paul H Castello MD

Mailing Address 377 Broken Arrow Rd

City State Zip Code
 Nipomo CA 93444

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

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
 12 05 2013

Transaction ID : 5582786

Amount of Each Receipt this Period

500.00

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

2000.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Dominic S Carreira MD</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>12 / 05 / 2013</div> </div> </p>		
<p>Mailing Address 2325 Barcelona Dr</p>			<p>Transaction ID : 5582787</p>		
<p>City Fort Lauderdale</p>	<p>State FL</p>	<p>Zip Code 33301-1554</p>	<p>Amount of Each Receipt this Period <div> <div>250.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee. <div>C</div> </p>					
<p>Name of Employer Broward Health</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼ <div> <div>500.00</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial) B. Michael Alan MacKay MD</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>12 / 05 / 2013</div> </div> </p>		
<p>Mailing Address Orthopaedic Surgeons of Oak Ridge 90 Vermont Ave Ste 300</p>			<p>Transaction ID : 5582788</p>		
<p>City Oak Ridge</p>	<p>State TN</p>	<p>Zip Code 37830-6478</p>	<p>Amount of Each Receipt this Period <div> <div>300.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee. <div>C</div> </p>					
<p>Name of Employer Ortho Tennessee</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼ <div> <div>300.00</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial) c. Christopher D Hamilton MD</p>			<p>Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> <div>12 / 05 / 2013</div> </div> </p>		
<p>Mailing Address 11501 Haydock Ct</p>			<p>Transaction ID : 5582789</p>		
<p>City Bakersfield</p>	<p>State CA</p>	<p>Zip Code 93311</p>	<p>Amount of Each Receipt this Period <div> <div>500.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee. <div>C</div> </p>					
<p>Name of Employer Southern California Ortho Institute</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼ <div> <div>1000.00</div> </div> </p>			
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<div> <div>1050.00</div> </div>		
<p>TOTAL This Period (last page this line number only).....▶</p>			<div> <div></div> </div>		

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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. Dori N Cage MD

Mailing Address 4105 Alameda Dr

City State Zip Code
 San Diego CA 92103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 12 / 05 / 2013

Transaction ID : 5582790

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. David M Dines MD

Mailing Address 2 Highland Ct

City State Zip Code
 Old Westbury NY 11568

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 05 / 2013

Transaction ID : 5582792

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeffrey J Lazarus MD

Mailing Address 31 S River Rd

City State Zip Code
 Stuart FL 34996-6723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Treasure Coast Ortho Assoc

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
 12 / 05 / 2013

Transaction ID : 5582798

Amount of Each Receipt this Period

1000.00

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

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

2150.00

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

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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. James W Dwyer MD

Mailing Address 1081 Route 22 W

City State Zip Code
Bridgewater NJ 08807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Somerset Orthopaedics Inc

Occupation

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
12 / 05 / 2013

Transaction ID : 5582800

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael T Diment MD

Mailing Address 7448 Oak Hill Dr

City State Zip Code
Sylvania OH 43560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Promedica Hospital

Occupation

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
12 / 05 / 2013

Transaction ID : 5582801

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Troy D Pierce MD

Mailing Address 4012 Edgewater Pl SE

City State Zip Code
Mandan ND 58554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
12 / 05 / 2013

Transaction ID : 5582803

Amount of Each Receipt this Period

500.00

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

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

3000.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. K Daniel Riew MD</p> <p>Mailing Address 26 Upper Ladue Road</p> <p>City State Zip Code Saint Louis MO 63124</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Washington University Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2013</p> <p>Transaction ID : 5582804</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Richard Wathne MD</p> <p>Mailing Address 333 N 18th Ave Ste D1</p> <p>City State Zip Code Pocatello ID 83201-3358</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Pocatello Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2013</p> <p>Transaction ID : 5582948</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Jayendrakumar Shah MD</p> <p>Mailing Address 5330 Northwater Way</p> <p>City State Zip Code Duluth GA 30097</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Gwinnett Clinic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2013</p> <p>Transaction ID : 5582949</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2500.00</p>	
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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. Gaia Georgopoulos MD

Mailing Address 7294 S Uravan Ct

City State Zip Code
Foxfield CO 80016

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2013

Transaction ID : 5582950

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Michael F Schafer MD

Mailing Address 1815 W Ridgewood Lane

City State Zip Code
Glenview IL 60025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Univ Medical School

Occupation

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
12 / 05 / 2013

Transaction ID : 5582951

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Duncan McKeever MD

Mailing Address 434 Grant Pl.

City State Zip Code
Corpus Christi TX 78411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Christus Health System

Occupation

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
12 / 05 / 2013

Transaction ID : 5582952

Amount of Each Receipt this Period

500.00

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

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

1875.00

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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. David Huang MD

Mailing Address 3512 Harrison St

City

Wichita Falls

State

TX

Zip Code

76308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2013

Transaction ID : 5582954

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ken Mason Korthauer MD

Mailing Address 144 Park Way

City

Montgomery

State

TX

Zip Code

77356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fondren Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 05 / 2013

Transaction ID : 5582955

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Laura M Bruse Gehrig MD

Mailing Address 2349 Fresno Drive

City

Bismarck

State

ND

Zip Code

58504

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2013

Transaction ID : 5583088

Amount of Each Receipt this Period

100.00

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

2100.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Paul Calvin Collins MD</p> <p>Mailing Address 613 W Sandstone Ct</p> <p>City State Zip Code Boise ID 83702-6509</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2013 Transaction ID : 5588815</p> <p>Amount of Each Receipt this Period 500.00</p>		
<p>Full Name (Last, First, Middle Initial) B. David L Nelson MD</p> <p>Mailing Address 56 Delmar St</p> <p>City State Zip Code San Francisco CA 94117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2013 Transaction ID : 5588987</p> <p>Amount of Each Receipt this Period 250.00</p>		
<p>Full Name (Last, First, Middle Initial) C. Mary I O'Connor MD</p> <p>Mailing Address 4500 San Pablo Rd</p> <p>City State Zip Code Jacksonville FL 32224</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Mayo Clinic Jacksonville Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2013 Transaction ID : 5588988</p> <p>Amount of Each Receipt this Period 1000.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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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. Marshall Paul Allegra MD

Mailing Address 879 Poole Ave

City

Hazlet

State

NJ

Zip Code

07730-1663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
12 / 12 / 2013

Transaction ID : 5588989

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Frank M Phillips MD

Mailing Address 1611 W Harrison Ste 400

City

Chicago

State

IL

Zip Code

60612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Orthopaedics at Rush

Occupation

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
12 / 12 / 2013

Transaction ID : 5588992

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steven Nowicki MD

Mailing Address 424 S 13th Avenue

City

Laurel

State

MS

Zip Code

39440

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Central Regional Medical Center

Occupation

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
12 / 12 / 2013

Transaction ID : 5588993

Amount of Each Receipt this Period

500.00

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2500.00

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. David M Smink MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2013 Transaction ID : 5588994</p>		
<p>Mailing Address 4 Burning Tree Court</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Bethesda</p>	<p>State MD</p>	<p>Zip Code 20817</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Greater Washington Orthopaedic</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Jeffrey R Cusmaru MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2013 Transaction ID : 5588995</p>		
<p>Mailing Address 494 Lake Colony Way</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Birmingham</p>	<p>State AL</p>	<p>Zip Code 35242</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Ortho Sports Associates</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 500.00</p>			
<p>Full Name (Last, First, Middle Initial) c. Kyle David Stuart MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2013 Transaction ID : 5590176</p>		
<p>Mailing Address 5532 Matalee</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Dallas</p>	<p>State TX</p>	<p>Zip Code 75206-5326</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1000.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Jonathan P. Watling MD</p> <p>Mailing Address 33 Riverside Drive Apt 4F</p> <p>City New York State NY Zip Code 10023-8025</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 Transaction ID : 5605505</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Charles M Davis III, MD</p> <p>Mailing Address 30 Hope Dr EC089</p> <p>City Hershey State PA Zip Code 17033</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Milton S. Hershey Medical Center Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : 5608352</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) C. William N Levine MD</p> <p>Mailing Address 622 W 168th St Ph-1117</p> <p>City New York State NY Zip Code 10032</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Columbia University Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2290.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : 5608549</p> <p>Amount of Each Receipt this Period 2290.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			3540.00	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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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. Kevin L Tadych MD

Mailing Address 7520 Hwy 51 S Ste A

City

Minocqua

State

WI

Zip Code

54548-8944

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Wis Bone & Joint

Occupation

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
12 / 27 / 2013

Transaction ID : 5614266

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Daneca M Dipaolo MD

Mailing Address 204 8th St

City

Greenwood

State

MS

Zip Code

38930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
12 / 28 / 2013

Transaction ID : 5616783

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. David C Berg MD

Mailing Address 3944 Bobbin Brook Circle

City

Tallahassee

State

FL

Zip Code

32312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tallahassee Orthopaedic Clinic

Occupation

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
12 / 20 / 2013

Transaction ID : 5618414

Amount of Each Receipt this Period

1000.00

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

2500.00

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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 D Santi MD

Mailing Address 3288 Moanalua Rd

City State Zip Code
Honolulu HI 96821-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

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
12 20 2013

Transaction ID : 5618415

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen W Shick MD

Mailing Address 14577 Faucet Ln

City State Zip Code
Fishers IN 46040-9476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Indiana Orthopedics

Occupation

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
12 20 2013

Transaction ID : 5618416

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Scott W Walker MD

Mailing Address 7104 W St Andrews Ave

City State Zip Code
Yorktown IN 47396

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

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
12 20 2013

Transaction ID : 5618417

Amount of Each Receipt this Period

250.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Kenneth Haller, DO</p> <p>Mailing Address 4001 North Lancaster</p> <p>City State Zip Code Muncie IN 47304-1355</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Central Indiana Orthopedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 20 2013</p> <p>Transaction ID : 5618418</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Alan L Whitney MD</p> <p>Mailing Address 2699 N 17th St</p> <p>City State Zip Code Coos Bay OR 97420-2134</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation South Coast Orthopedic Assn Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 20 2013</p> <p>Transaction ID : 5618420</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. John Patrick Reilly MD</p> <p>Mailing Address 60 Copperflag Ln</p> <p>City State Zip Code Staten Island NY 10304</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 20 2013</p> <p>Transaction ID : 5618422</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>750.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. James Albert Nunley II, MD

Mailing Address Attn Cathy Williams

4709 Creekstone Drive, Suite 200

City

Durham

State

NC

Zip Code

27703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : 5618423

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Edward R Sweetser MD

Mailing Address 5020 Creosote Run Rd

City

Las Cruces

State

NM

Zip Code

88011-2541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Health Systems

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : 5618424

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Junichi Tamai MD

Mailing Address 356 Warren Ave

City

Cincinnati

State

OH

Zip Code

45220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cincinnati Childrens Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : 5618426

Amount of Each Receipt this Period

500.00

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

1200.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Biren Chokshi MD</p> <p>Mailing Address 20 Herindeen Landing</p> <p>City State Zip Code Woodstock CT 06281-1225</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Center for Bone Joint Care Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 20 2013</p> <p>Transaction ID : 5618427</p> <p>Amount of Each Receipt this Period 1500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. David John Gandy MD</p> <p>Mailing Address 971 Lakeland Dr Ste 950</p> <p>City State Zip Code Jackson MS 39216-4607</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 20 2013</p> <p>Transaction ID : 5618429</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) c. Michael Irwin Goldberger MD</p> <p>Mailing Address 25 East Lane</p> <p>City State Zip Code Short Hills NJ 07078</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Tri-County Ortho & Sports Med Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 20 2013</p> <p>Transaction ID : 5618430</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2500.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Edward J Bieber MD</p> <p>Mailing Address 7407 Beverly Road</p> <p>City State Zip Code Bethesda MD 20814-2333</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation BCCOA Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : 5618431</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Mark J Anders MD</p> <p>Mailing Address 24 Hampton Ct</p> <p>City State Zip Code Orchard Park NY 14127-3463</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Group Practice Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : 5618432</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Keith V Anderson MD</p> <p>Mailing Address 1900 Cooks Hill Rd</p> <p>City State Zip Code Centralia WA 98531</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Washington Ortho Center Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : 5618433</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1250.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 327 OF 421
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. John Charles Kofoed MD

Mailing Address 2619 Seminole Ct

City

Fairfield

State

CA

Zip Code

94534-7871

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	20	/	2013

Transaction ID : 5618434

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael Edward Russell II, MD

Mailing Address 5930 Brixworth Dr.

City

Tyler

State

TX

Zip Code

75703-5529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	20	/	2013

Transaction ID : 5618435

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Stephen W Rodrigue MD

Mailing Address 26 Arborside Drive

City

Falmouth

State

ME

Zip Code

04105-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Group Practice

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	20	/	2013

Transaction ID : 5618436

Amount of Each Receipt this Period

1000.00

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

3000.00

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Wayne M Goldstein MD</p> <p>Mailing Address 2887 Lexington Ln</p> <p>City Highland Park State IL Zip Code 60035</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Illinois Bone & Joint Institute Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : 5618437</p> <p>Amount of Each Receipt this Period 1500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. Mark J Lemos MD</p> <p>Mailing Address 1164 Ocean Blvd</p> <p>City Rye State NH Zip Code 03870</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Lahey Clinic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : 5618438</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. Alexander E Michalow MD</p> <p>Mailing Address 400 S Kennedy Dr Ste 100</p> <p>City Bradley State IL Zip Code 60915-2680</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2013 Transaction ID : 5618441</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>2750.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Mark Seltzer Sanders MD</p> <p>Mailing Address 11315 Bothwell Way</p> <p>City State Zip Code Houston TX 77024</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 27 2013</p> <p>Transaction ID : 5618443</p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) B. John Vernon Houghtaling MD</p> <p>Mailing Address 3940 Hollyhock Ln</p> <p>City State Zip Code Maumee OH 43537-9241</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Toledo Orthopaedic Surgeons Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 27 2013</p> <p>Transaction ID : 5618445</p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) C. E Greg Wood MD</p> <p>Mailing Address 2470 Flowood Dr</p> <p>City State Zip Code Flowood MS 39232</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 12 27 2013</p> <p>Transaction ID : 5618448</p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>	

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

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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 F Konkel MD

Mailing Address N 84 W 16889 Menomonee Ave

City State Zip Code
Menomonee Falls WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer

FMG

Occupation

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
12 27 2013

Transaction ID : 5618449

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark E Belew MD

Mailing Address 1390 Regency Estates Ct

City State Zip Code
Chesterfield MO 63017-1965

FEC ID number of contributing
federal political committee.

C

Name of Employer

SSMOI

Occupation

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
12 27 2013

Transaction ID : 5618452

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kathleen Anne Hogan MD

Mailing Address P.O. Box 659

City State Zip Code
Windham NH 03087-0659

FEC ID number of contributing
federal political committee.

C

Name of Employer

NH Orthopaedic Center

Occupation

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
12 30 2013

Transaction ID : 5621615

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David M Scher MD

Mailing Address 444 East 86th St Apt 12G

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : 5740285

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totalling \$50.00 This changes
the YTD Total to \$75.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
 / /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
 / /

Amount of Each Receipt this Period

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

0.00

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

486222.66

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

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(check only one)

<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

Full Name (Last, First, Middle Initial)

A. American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10581.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	3

Transaction ID : 5150281

Amount of Each Receipt this Period

418.68

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

B. American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10162.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	3

Transaction ID : 5206050

Amount of Each Receipt this Period

0.69

Refund bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

C. American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Ave NE

City	State	Zip Code
Washington	DC	20002

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10914.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	3

Transaction ID : 5262978

Amount of Each Receipt this Period

332.96

Refund of bank fees from affiliated organization

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

752.33

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

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FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. American Association of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City

Rosemont

State

IL

Zip Code

60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1460.86

Date of Receipt

09 / 19 / 2013

Transaction ID : 5326307

Amount of Each Receipt this Period

1460.86

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

B. American Association of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City

Rosemont

State

IL

Zip Code

60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2975.17

Date of Receipt

10 / 17 / 2013

Transaction ID : 5404763

Amount of Each Receipt this Period

1514.31

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

C. American Association of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City

Rosemont

State

IL

Zip Code

60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5843.90

Date of Receipt

11 / 14 / 2013

Transaction ID : 5537137

Amount of Each Receipt this Period

2868.73

Refund of bank fees from affiliated organization

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

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

5843.90

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

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

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. American Association of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City
Rosemont

State Zip Code
IL 60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6916.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2013

Transaction ID : 5602688

Amount of Each Receipt this Period

1072.72

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1072.72

7668.95

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

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

FOR LINE NUMBER: PAGE 335 OF 421

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. LEGPAC

Mailing Address 38 Ivy St., SE

City
Washington

State Zip Code
DC 20003

FEC ID number of contributing
federal political committee.

C C00385534

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2013

Transaction ID : 5150176

Amount of Each Receipt this Period

5000.00

Refund 3/1/2013 contribution

Full Name (Last, First, Middle Initial)

B. Bill Cassidy for U.S. Senate

Mailing Address P.O. Box 80505

City
Baton Rouge

State Zip Code
LA 70898

FEC ID number of contributing
federal political committee.

C C00543983

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : 5463249

Amount of Each Receipt this Period

2500.00

Refund Primary 2014 Contribution

Full Name (Last, First, Middle Initial)

c. Michael Burgess for Congress

Mailing Address P.O. Box 2334

City
Denton

State Zip Code
TX 76202

FEC ID number of contributing
federal political committee.

C C00372532

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2013

Transaction ID : 5537140

Amount of Each Receipt this Period

350.00

Refund Primary 2014 Contribution

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

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

7850.00

7850.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2013

Transaction ID : 5103354

Amount of Each Disbursement this Period

148.71

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2013

Transaction ID : 5103355

Amount of Each Disbursement this Period

269.97

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2013

Transaction ID : 5206051

Amount of Each Disbursement this Period

67.56

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

486.24

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2013

Transaction ID : 5206053

Amount of Each Disbursement this Period

151.64

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2013

Transaction ID : 5206054

Amount of Each Disbursement this Period

106.69

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2013

Transaction ID : 5262976

Amount of Each Disbursement this Period

74.63

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

332.96

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
08 23 2013**Transaction ID : 5262977**

Amount of Each Disbursement this Period

22.30

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
09 05 2013**Transaction ID : 5288946**

Amount of Each Disbursement this Period

105.10

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
09 05 2013**Transaction ID : 5288947**

Amount of Each Disbursement this Period

884.72

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1012.12

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

Transaction ID : 5324778

Amount of Each Disbursement this Period

571.21

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2013

Transaction ID : 5378226

Amount of Each Disbursement this Period

102.60

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2013

Transaction ID : 5388794

Amount of Each Disbursement this Period

269.23

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

943.04

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2013

Transaction ID : 5388852

Amount of Each Disbursement this Period

70.53

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2013

Transaction ID : 5399994

Amount of Each Disbursement this Period

221.95

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2013

Transaction ID : 5399995

Amount of Each Disbursement this Period

397.68

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

690.16

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

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
10 / 15 / 2013
Transaction ID : 5399996

Amount of Each Disbursement this Period

481.62

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

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
10 / 21 / 2013
Transaction ID : 5422259

Amount of Each Disbursement this Period

207.63

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

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
10 / 23 / 2013
Transaction ID : 5422345

Amount of Each Disbursement this Period

312.45

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1001.70

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 04 / 2013
Transaction ID : 5445159

Amount of Each Disbursement this Period

93.90

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 04 / 2013
Transaction ID : 5445160

Amount of Each Disbursement this Period

1105.90

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 05 / 2013
Transaction ID : 5445161

Amount of Each Disbursement this Period

923.98

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2123.78

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 13 / 2013
Transaction ID : 5463251

Amount of Each Disbursement this Period

87.37

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 12 / 2013
Transaction ID : 5463252

Amount of Each Disbursement this Period

137.50

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 20 / 2013
Transaction ID : 5537141

Amount of Each Disbursement this Period

106.05

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

330.92

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2013

Transaction ID : 5544433

Amount of Each Disbursement this Period

82.78

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2013

Transaction ID : 5587345

Amount of Each Disbursement this Period

81.95

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : 5587346

Amount of Each Disbursement this Period

473.88

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

638.61

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. Northern Trust Company

Mailing Address 50 S La Salle St

City

Chicago

State

IL

Zip Code

60603

Purpose of Disbursement

Bank fees deducted from account

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 03 / 2013**Transaction ID : 5587347**

Amount of Each Disbursement this Period

328.06

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S La Salle St

City

Chicago

State

IL

Zip Code

60603

Purpose of Disbursement

Bank fees deducted from account

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 18 / 2013**Transaction ID : 5602690**

Amount of Each Disbursement this Period

85.48

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

413.54

7973.07

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

011

Category/
Type

5000.00

McConnell's LPAC

07 / 09 / 2013

011

Category/
Type

Amount of Each Disbursement this Period

2500.00

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

011

Category/
Type

Amount of Each Disbursement this Period

Disbursement	Amount
Amount of Each Disbursement this Period	2500.00

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Bill Posey

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Mailing Address P. O. Box 411486

City	State	Zip Code
Melbourne	FL	32936

Transaction ID : 5109101

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Bill PoseyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 04

Amount	1000.00
--------	---------

Full Name (Last, First, Middle Initial)

B. Blumenauer for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Mailing Address 830 N.E. Holladay, #105

City	State	Zip Code
Portland	OR	97232

Transaction ID : 5109102

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Earl BlumenauerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OR District: 03

Amount	2500.00
--------	---------

Full Name (Last, First, Middle Initial)

C. Duncan D. Hunter for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Mailing Address P.O. Box 1545

City	State	Zip Code
El Cajon	CA	91941

Transaction ID : 5109103

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Duncan HunterCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 52

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Nancy Pelosi For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Mailing Address 700 13th Street, Nw
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Transaction ID : 5109104

Amount of Each Disbursement this Period

2500.00

Candidate Name

Nancy PelosiCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: DC District: 08

Full Name (Last, First, Middle Initial)

B. Bill Cassidy for U.S. Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Mailing Address P.O. Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement

011

Transaction ID : 5109105

Amount of Each Disbursement this Period

2500.00

Candidate Name

William CassidyCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District:

Full Name (Last, First, Middle Initial)

C. Andy Barr for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Mailing Address P.O. Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement

011

Transaction ID : 5109106

Amount of Each Disbursement this Period

1500.00

Candidate Name

Garland BarrCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 06

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Marsha Blackburn for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Mailing Address P.O. Box 3750
Suite 4916City State Zip Code
Brentwood TN 37027

Purpose of Disbursement

011

Category/
Type**Transaction ID : 5109107**

Amount of Each Disbursement this Period

2500.00

Candidate Name

Marsha BlackburnOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Full Name (Last, First, Middle Initial)

B. Wells PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Mailing Address 2470 Daniels Bridge Rd
Suite 121City State Zip Code
Athens GA 30606Purpose of Disbursement
Scott's LPAC

011

Category/
Type**Transaction ID : 5109108**

Amount of Each Disbursement this Period

2500.00

Candidate Name

Wells PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Tim Murphy for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2013

Mailing Address P.O. Box 24551
Suite 420City State Zip Code
Pittsburgh PA 20003

Purpose of Disbursement

011

Category/
Type**Transaction ID : 5109109**

Amount of Each Disbursement this Period

1000.00

Candidate Name

Tim MurphyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

1000.00

2500.00

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Graves For Congress

Mailing Address 2345 Grand, Suite 2400

City	State	Zip Code
Kansas City	MO	64108

Purpose of Disbursement

Candidate Name

Samuel Graves

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MO District: 06

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2013

Transaction ID : 5109113

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LEGPAC

Mailing Address 38 Ivy St., SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Cardin's LPAC

Candidate Name

LEGPAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		11		2013

Transaction ID : 5150872

Amount of Each Disbursement this Period

5000.00

Cardin's LPAC

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz ConsultingMailing Address 499 S Capitol St. SW
Suite 422

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Strategic Fundraising Fee and Expenses

Candidate Name

John Dingell

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: DC District: 16

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		11		2013

Transaction ID : 5150921

Amount of Each Disbursement this Period

350.00

Strategic Fundraising Fee and Expenses

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

6350.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Poe for Congress

Mailing Address P.O. Box 14222

City	State	Zip Code
Humble	TX	77347

Purpose of Disbursement

011

Candidate Name

Ted Poe

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2013

Transaction ID : 5157849

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Next Century Fund

Mailing Address 116 South Royal Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Burr's LPAC

011

Candidate Name

Next Century Fund

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2013

Transaction ID : 5157850

Amount of Each Disbursement this Period

1500.00

Burr's LPAC

Full Name (Last, First, Middle Initial)

C. Paul Gosar for Congress

Mailing Address P.O. Box 2967

City	State	Zip Code
Prescott	AZ	86302

Purpose of Disbursement

011

Candidate Name

Paul Gosar

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AZ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2013

Transaction ID : 5157851

Amount of Each Disbursement this Period

1500.00

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

4500.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

3000.00

Hunter's LPAC

MM / DD / YYYY

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '07' with two squares above it. The second display shows '16' with two squares above it. The third display shows '2013' with four squares above it.

5000.00

Clyburn's LPAC

9000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Renee Ellmers for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2013

Mailing Address P.O. Box 97275

City	State	Zip Code
Raleigh	NC	27624

Transaction ID : 5157856

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Renee EllmersCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 02

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)

B. Scott Rigell for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2013

Mailing Address 915 First Colonial Road
Suite 100

City	State	Zip Code
Virginia Beach	VA	23454

Transaction ID : 5157857

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Edward RigellCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 02

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)

C. Denny Heck for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2013

Mailing Address P.O. Box 235

City	State	Zip Code
Olympia	WA	98507

Transaction ID : 5157858

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Dennis HeckCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WA District: 10

Amount of Each Disbursement this Period
1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 355 OF 421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Schock for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2013

Mailing Address P.O. Box 10555

City	State	Zip Code
Peoria	IL	61612

Transaction ID : 5157859

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Aaron SchockCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Full Name (Last, First, Middle Initial)

B. Mike Thompson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2013

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Transaction ID : 5157860

Purpose of Disbursement

011

Amount of Each Disbursement this Period

3000.00

Candidate Name

C Michael ThompsonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 01

Full Name (Last, First, Middle Initial)

C. Billy Long for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2013

Mailing Address 3246 E. Ridgeview Street

City	State	Zip Code
Springfield	MO	65804

Transaction ID : 5157861

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Billy LongCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 07

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

8000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 John Barrow

Mailing Address P.O. Box 1001

City Augusta	State GA	Zip Code 30903
-----------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

John Barrow

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2013

Transaction ID : 5157862

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Schakowsky for Congress

Mailing Address P.O. Box 5130

City Evanston	State IL	Zip Code 60204
------------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

Janice Schakowsky

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2013

Transaction ID : 5157863

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Anna Eshoo for Congress

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

Anna Eshoo

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2013

Transaction ID : 5190589

Amount of Each Disbursement this Period

1000.00

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Pascrell for Congress

Mailing Address P.O. Box 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement

Candidate Name

William Pascrell

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 08

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2013

Transaction ID : 5190590

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Matheson for Congress

Mailing Address P.O. Box 521048

City	State	Zip Code
Salt Lake City	UT	84152

Purpose of Disbursement

Candidate Name

James Matheson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: UT	District: 02

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2013

Transaction ID : 5190591

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Schock for Congress

Mailing Address P.O. Box 10555

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement

Candidate Name

Aaron Schock

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: IL	District: 18

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2013

Transaction ID : 5190592

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 358 OF 421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Pallone for Senate

Mailing Address P.O. Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement

011

Candidate Name

Frank Pallone Jr

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2013

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2013

Transaction ID : 5190593

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of John Barrow

Mailing Address P.O. Box 1001

City	State	Zip Code
Augusta	GA	30903

Purpose of Disbursement

011

Candidate Name

John Barrow

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2013

Transaction ID : 5190594

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Lois Capps

Mailing Address P.O. Box 23940

City	State	Zip Code
Santa Barbara	CA	93121

Purpose of Disbursement

011

Candidate Name

Lois Capps

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2013

Transaction ID : 5190595

Amount of Each Disbursement this Period

2500.00

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

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 359 OF 421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2013

Mailing Address P.O. Box 3314
Suite 240

City Oregon City State OR Zip Code 97045

Purpose of Disbursement

011

Transaction ID : 5190596

Amount of Each Disbursement this Period

1000.00

Candidate Name

Kurt SchraderCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: OR District: 05Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Tiberi for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2013

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Transaction ID : 5190597

Amount of Each Disbursement this Period

1000.00

Candidate Name

Patrick TiberiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: OH District: 12Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Roskam for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2013

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

011

Transaction ID : 5190598

Amount of Each Disbursement this Period

4650.00

Candidate Name

Peter RoskamCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: IL District: 06Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6650.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 360 OF 421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Reed for Congress

Mailing Address P.O. Box 391

City	State	Zip Code
Geneva	NY	14456

Purpose of Disbursement

Candidate Name

Thomas Reed

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 29

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		26		2013

Transaction ID : 5190599

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Tom Reed for Congress

Mailing Address P.O. Box 391

City	State	Zip Code
Geneva	NY	14456

Purpose of Disbursement

Candidate Name

Thomas Reed

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 29

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		26		2013

Transaction ID : 5190600

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Barrasso Scott Victory CommitteeMailing Address 901 N. Washington St.
Suite 700

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Joint Fundraising Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2013

Transaction ID : 5212751

Amount of Each Disbursement this Period

5000.00

Joint Fundraising Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

Mailing Address P.O. Box 386

City	State	Zip Code
Clarence	NY	14031

Transaction ID : 5212753

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

Rep. Christopher Collins

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 27

Full Name (Last, First, Middle Initial)

B. Cantor for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

Mailing Address P.O. Box 17813

City	State	Zip Code
Richmond	VA	23226

Transaction ID : 5212756

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

Eric Cantor

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 07

Full Name (Last, First, Middle Initial)

C. Coffman for Congress Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

Mailing Address 9249 South Broadway Blvd.
#200-501

City	State	Zip Code
Highlands Ranch	CO	80129

Transaction ID : 5212757

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Mike Coffman

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District: 06

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

9500.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

A. Van Hollen for Congress

011

1500.00

Chris Van Hollen

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

B. Dr. Raul Ruiz for Congress

MM / DD / YYYY

Purpose of Disbursement

2500.00

Raul Ruiz

Category/
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

C. Bera for Congress

08 / 06 / 2013

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
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33	34
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37	38
39	40
41	42
43	44
45	46
47	48
49	50
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53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

1000.00

Amerish Bera

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

5000.00

The diagram shows a rectangular frame with 10 vertical bars and 2 horizontal bars. The frame is divided into 9 equal segments by the vertical bars. The horizontal bars are located at the top and bottom of the frame. The bottom horizontal bar has a central notch, which is a semi-circular cutout. The frame is shown in a perspective view, with the top and bottom horizontal bars and the vertical bars connecting them.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Fitzpatrick for Congress

Mailing Address P.O. Box 185

City
LanghorneState
PAZip Code
19047

Purpose of Disbursement

011

Candidate Name

Michael FitzpatrickOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2013

Transaction ID : 5212772

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Gene Green Congressional Campaign

Mailing Address P.O. Box 16128

City
HoustonState
TXZip Code
77222

Purpose of Disbursement

011

Candidate Name

Gene GreenOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2013

Transaction ID : 5212777

Amount of Each Disbursement this Period

4650.00

Full Name (Last, First, Middle Initial)

C. The Gula Graham Group

Mailing Address 499 S Capitol St S.W. Suite 420

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
In kind contribution

011

Candidate Name

Peter RoskamOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2013

Transaction ID : 5212780

Amount of Each Disbursement this Period

350.00

In kind contribution

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

7500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. The Gula Graham Group

Mailing Address 499 S Capitol St S.W. Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
In kind contribution

Candidate Name

Buck McKeonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

Transaction ID : 5213949

Amount of Each Disbursement this Period

350.00

In kind contribution

Full Name (Last, First, Middle Initial)

B. The Gula Graham Group

Mailing Address 499 S Capitol St S.W. Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
In kind contribution

Candidate Name

Rep. Bob GoodlatteOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

Transaction ID : 5213950

Amount of Each Disbursement this Period

350.00

In kind contribution

Full Name (Last, First, Middle Initial)

C. Michael Burgess for Congress

Mailing Address P.O. Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement

Candidate Name

Michael C. BurgessOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2013

Transaction ID : 5280365

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3200.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Larson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2013

Mailing Address P.O.Box 261172

City	State	Zip Code
Hartford	CT	06126

Transaction ID : 5280366

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

John LarsonCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CT District: 01

Full Name (Last, First, Middle Initial)

B. Pascrell for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2013

Mailing Address P.O. Box 640

City	State	Zip Code
Totowa	NJ	07511

Transaction ID : 5280368

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

William PascrellCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 08

Full Name (Last, First, Middle Initial)

C. Friends of Elizabeth Esty

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2013

Mailing Address P.O. Box 61

City	State	Zip Code
Cheshire	CT	06410

Transaction ID : 5280369

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1500.00

Candidate Name

Rep. Elizabeth EstyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CT District: 05

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

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Pete Sessions for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2013

Mailing Address P.O. Box 823047

City	State	Zip Code
Dallas	TX	75382

Transaction ID : 5280370

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Pete SessionsCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 05

1500.00				

Full Name (Last, First, Middle Initial)

B. Stutzman for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2013

Mailing Address P.O. Box 129

City	State	Zip Code
Howe	IN	46746

Transaction ID : 5280371

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Marlin StutzmanCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IN District: 03

1000.00				

Full Name (Last, First, Middle Initial)

C. Lance for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2013

Mailing Address P.O. Box 225

City	State	Zip Code
Colonia	NJ	07067

Transaction ID : 5280372

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Leonard LanceCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 07

1000.00				

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

3500.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

2000.00

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Jeb Hensarling

Mailing Address P.O. Box 820504

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement

Candidate Name

Jeb Hensarling

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 05

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2013

Transaction ID : 5280384

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Levin for Congress

Mailing Address P.O. Box 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement

Candidate Name

Sander Levin

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 12

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2013

Transaction ID : 5280385

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hoyer for CongressMailing Address 700 13th Street, NW
Suite 800

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement

Candidate Name

Steny Hoyer

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: DC District: 05

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2013

Transaction ID : 5280387

Amount of Each Disbursement this Period

4650.00

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

8150.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Jim Clyburn

Mailing Address P.O. Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement

Candidate Name

Jim Clyburn

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: SC District: 06

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2013

Transaction ID : 5280388

Amount of Each Disbursement this Period

4650.00

Full Name (Last, First, Middle Initial)

B. Jim Gerlach for Congress Committee

Mailing Address P.O. Box 87

City	State	Zip Code
Uwchland	PA	19480

Purpose of Disbursement

Candidate Name

Jim Gerlach

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 06

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2013

Transaction ID : 5280389

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee IncMailing Address c/o EH Murray Group
6510 Anna Maria Court

City	State	Zip Code
McLean	VA	22101

Purpose of Disbursement

Candidate Name

Orrin Hatch

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: UT District:

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2013

Transaction ID : 5280390

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8150.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Paul Tonko for CongressMailing Address 911 Central Avenue
P.O. Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement

Candidate Name

Paul TonkoOffice Sought: ☒ House
☐ Senate
☐ President
State: NY District: 21Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2013

Transaction ID : 5280391

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hawkeye PAC, The

Mailing Address 621 E. 9th Street

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
Grassley's LPAC

Candidate Name

Hawkeye PAC, TheOffice 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
08	/	28	/	2013

Transaction ID : 5280392

Amount of Each Disbursement this Period

1500.00

Grassley's LPAC

Full Name (Last, First, Middle Initial)

C. Alamo PACMailing Address 816 Congress Ave, Suite 960
Frost Bank Plaza

City Austin State TX Zip Code 78701

Purpose of Disbursement
Conryn's LPAC

Candidate Name

Alamo PACOffice 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
08	/	28	/	2013

Transaction ID : 5280403

Amount of Each Disbursement this Period

2500.00

Conryn's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Committee to Re-Elect Henry Hank Johnson

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

Mailing Address 4262 Clausell Court
Suite A

City Decatur State GA Zip Code 30035

Purpose of Disbursement

011

Category/
Type**Transaction ID : 5293192**

Amount of Each Disbursement this Period

1500.00

Candidate Name

Rep. Hank Johnson Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 04

Full Name (Last, First, Middle Initial)

B. Friends of Roy Blunt

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

Mailing Address P.O. Box 410444

City Kansas City State MO Zip Code 65805

Purpose of Disbursement

011

Category/
Type**Transaction ID : 5293193**

Amount of Each Disbursement this Period

1500.00

Candidate Name

Roy BluntOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District:

Full Name (Last, First, Middle Initial)

C. Schock for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

Mailing Address P.O. Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement

011

Category/
Type**Transaction ID : 5293194**

Amount of Each Disbursement this Period

1000.00

Candidate Name

Aaron SchockOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 18

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<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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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Y
09		05		2013

Mailing Address P.O. Box 137

City	State	Zip Code
Spokane	WA	99210

Transaction ID : 5293199

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Cathy RodgersCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WA District: 05

1500.00									

Full Name (Last, First, Middle Initial)

B. Friends of Dick Durbin

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

Mailing Address P.O. Box 1949

City	State	Zip Code
Springfield	IL	62705

Transaction ID : 5293202

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Richard DurbinCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District:

2500.00									

Full Name (Last, First, Middle Initial)

C. Van Hollen for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

Mailing Address 10605 Concord Street
Suite 202

City	State	Zip Code
Kensington	MD	20895

Transaction ID : 5293204

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Chris Van HollenCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MD District: 00

1500.00									

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00									

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Juan Vargas

Mailing Address 330 Encinitas Blvd., Suite 101

City	State	Zip Code
Encinitas	CA	95841

Purpose of Disbursement

011

Candidate Name

Juan Vargas

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

Transaction ID : 5293206

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bob Goodlatte for Congress Committee

Mailing Address P.O. Box 292

City	State	Zip Code
Roanoke	VA	24002

Purpose of Disbursement

011

Candidate Name

Rep. Bob Goodlatte

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

Transaction ID : 5293208

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Kinzinger for Congress

Mailing Address P.O. Box 487

City	State	Zip Code
New Lenox	IL	60914

Purpose of Disbursement

011

Candidate Name

Adam Kinzinger

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

Transaction ID : 5293209

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Friends of Schumer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

Mailing Address 192 Lexington Avenue Suite 1001

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement

011

Category/
Type**Transaction ID : 5293213**

Amount of Each Disbursement this Period

5000.00

Candidate Name

Charles Schumer

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District:

Full Name (Last, First, Middle Initial)

B. Steve Israel for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

Mailing Address P.O.Box 777

City	State	Zip Code
Deer Park	NY	11729

Purpose of Disbursement

011

Category/
Type**Transaction ID : 5293215**

Amount of Each Disbursement this Period

4650.00

Candidate Name

Steve Israel

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 02

Full Name (Last, First, Middle Initial)

C. Bill Cassidy for U.S. Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2013

Mailing Address P.O. Box 80505

City	State	Zip Code
Baton Rouge	LA	70898

Purpose of Disbursement

011

Category/
Type**Transaction ID : 5308578**

Amount of Each Disbursement this Period

5000.00

Candidate Name

William Cassidy

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: LA

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14650.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Charles Boustany Jr. MD for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2013

Mailing Address P.O. Box 80126

City	State	Zip Code
Lafayette	LA	70598

Transaction ID : 5315221

Purpose of Disbursement

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Charles BoustanyCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Full Name (Last, First, Middle Initial)

B. Congressman Waxman Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Mailing Address 6380 Wilshire Blvd., #1612
Suite 1612

City	State	Zip Code
Los Angeles	CA	90048

Transaction ID : 5346559

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2000.00

Candidate Name

Henry WaxmanCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Full Name (Last, First, Middle Initial)

C. Gregg Harper for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Mailing Address P.O. Box 54344

City	State	Zip Code
Pearl	MS	39288

Transaction ID : 5346560

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1500.00

Candidate Name

Gregg HarperCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 03

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Bart McLeay for U.S. Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

Mailing Address P.O. Box 540788

City	State	Zip Code
Omaha	NE	68154

Transaction ID : 5346561

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Bart McLeayCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District:

1000.00

Full Name (Last, First, Middle Initial)

B. Kenny Marchant for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

Mailing Address P.O. Box 110187

City	State	Zip Code
Carrollton	TX	75011

Transaction ID : 5346564

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Kenny MarchantCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 24

2500.00

Full Name (Last, First, Middle Initial)

C. Morgan Griffith for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

Mailing Address P.O. Box 361

City	State	Zip Code
Christiansburg	VA	24068

Transaction ID : 5346565

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

H Morgan GriffithCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 09

1000.00

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

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Hoyer for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Mailing Address 700 13th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Transaction ID : 5346566

Amount of Each Disbursement this Period

4000.00

Candidate Name

Steny HoyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: DC District: 05

Category/
Type

Full Name (Last, First, Middle Initial)

B. Courtney for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Mailing Address P.O. Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement

011

Transaction ID : 5346567

Amount of Each Disbursement this Period

1000.00

Candidate Name

Joseph CourtneyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 02

Category/
Type

Full Name (Last, First, Middle Initial)

C. Michael Grimm for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Mailing Address P.O. Box 270

City Staten Island State NY Zip Code 11215

Purpose of Disbursement

011

Transaction ID : 5346568

Amount of Each Disbursement this Period

1000.00

Candidate Name

Michael GrimmOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 13

Category/
Type**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Gardner for Congress

Mailing Address P.O. Box 2408

City	State	Zip Code
Loveland	CO	80539

Purpose of Disbursement

011

Candidate Name

Cory Gardner

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : 5346569

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Chris Gibson for Congress

Mailing Address P.O. Box 234

City	State	Zip Code
Saratoga Springs	NY	12866

Purpose of Disbursement

011

Candidate Name

Christopher Gibson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : 5346570

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Kurt Schrader for CongressMailing Address P.O. Box 3314
Suite 240

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement

011

Candidate Name

Kurt Schrader

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2013

Transaction ID : 5346571

Amount of Each Disbursement this Period

2500.00

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

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Republican Operation to Secure and Keep a Majority (ROSKAM PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2013

Mailing Address P. O. Box 1011

Transaction ID : 5346572

City	State	Zip Code
Wheaton	IL	60187

Amount of Each Disbursement this Period

Purpose of Disbursement
Roskam's LPAC

011

2500.00

Candidate Name

Republican Operation to Secure and Keep a Majority (ROSKAM PAC)

Category/
Type

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) ▼	

Roskam's LPAC

State: District:

Full Name (Last, First, Middle Initial)

B. Matsui for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2013

Mailing Address P.O. Box 1738

Transaction ID : 5346573

City	State	Zip Code
Sacramento	CA	95812

Amount of Each Disbursement this Period

Purpose of Disbursement

011

1000.00

Candidate Name

Doris MatsuiCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 05

Full Name (Last, First, Middle Initial)

C. Friends of Lois Capps

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2013

Mailing Address P.O. Box 23940

Transaction ID : 5346574

City	State	Zip Code
Santa Barbara	CA	93121

Amount of Each Disbursement this Period

Purpose of Disbursement

011

1500.00

Candidate Name

Lois CappsCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 22

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Grassroots Organizing Acting & Leading PAC - GOALPAC

Mailing Address P.O. Box 30344

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement
S. Levin's LPAC

011

Candidate Name

Grassroots Organizing Acting & Leading PAC - GOALPACCategory/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

Transaction ID : 5346575

Amount of Each Disbursement this Period

5000.00

S. Levin's LPAC

Full Name (Last, First, Middle Initial)

B. Friends of Dan Maffei

Mailing Address P.O. Box 230

City	State	Zip Code
Syracuse	NY	13214

Purpose of Disbursement

011

Candidate Name

Daniel MaffeiCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2013

Transaction ID : 5346576

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ann Wagner for Congress

Mailing Address P.O. Box 50

City	State	Zip Code
Ballwin	MO	63022

Purpose of Disbursement

011

Candidate Name

Rep. Ann WagnerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Transaction ID : 5347134

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Joe Heck

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Mailing Address P.O. Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Transaction ID : 5357001

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Joe HeckCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NV District: 03

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)

B. Hoyer for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2013

Mailing Address 700 13th Street, NW
Suite 800

City	State	Zip Code
Washington	DC	20005

Transaction ID : 5357908Purpose of Disbursement
Funds Reported On <July 31 Mid Year>

011

Amount of Each Disbursement this Period

Candidate Name

Steny HoyerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: DC District: 05

Amount of Each Disbursement this Period
4650.00

[MEMO ITEM]

Funds Reported On <July 31 Mid Year>

Full Name (Last, First, Middle Initial)

C. Hoyer for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Mailing Address 700 13th Street, NW
Suite 800

City	State	Zip Code
Washington	DC	20005

Transaction ID : 5357909Purpose of Disbursement
Re-designated funds for trans. dated 8/28/2013

011

Amount of Each Disbursement this Period

Candidate Name

Steny HoyerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: DC District: 05

Amount of Each Disbursement this Period
1000.00

[MEMO ITEM]

Re-designated funds for trans. dated 8/28/2013

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

1000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Making a Responsible Stand for Households in America PAC

Mailing Address P.O. Box 3241

City	State	Zip Code
Brentwood	TN	37024

Purpose of Disbursement
Blackburn's LPAC

011

Candidate Name

Making a Responsible Stand for Households in America PACCategory/
Type

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Transaction ID : 5357913

Amount of Each Disbursement this Period

2500.00

Blackburn's LPAC

Full Name (Last, First, Middle Initial)

B. Duncan D. Hunter for Congress

Mailing Address P.O. Box 1545

City	State	Zip Code
El Cajon	CA	91941

Purpose of Disbursement

011

Candidate Name

Duncan HunterCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Transaction ID : 5357915

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Duncan D. Hunter for Congress

Mailing Address P.O. Box 1545

City	State	Zip Code
El Cajon	CA	91941

Purpose of Disbursement

011

Candidate Name

Duncan HunterCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Transaction ID : 5357916

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. McKinley for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Mailing Address P.O. Box 642

City	State	Zip Code
Morgantown	WV	26507

Transaction ID : 5358175

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1500.00

Candidate Name

David McKinleyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WV District: 01

Full Name (Last, First, Middle Initial)

B. Ben Cardin for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2013

Mailing Address P.O. Box 21093

City	State	Zip Code
Catonsville	MD	21228

Transaction ID : 5358177

Purpose of Disbursement

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Benjamin CardinCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MD District:

Full Name (Last, First, Middle Initial)

C. Gingrey for Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Mailing Address P.O. Box U

City	State	Zip Code
Marietta	GA	30060

Transaction ID : 5368292

Purpose of Disbursement

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Phil GingreyCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: GA District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Angerholzer Broz Consulting

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

Mailing Address 499 S Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Steny Hoyer Event

011

Transaction ID : 5388287

Amount of Each Disbursement this Period

350.00

Candidate Name

Steny HoyerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: DC District: 05

Steny Hoyer Event

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz Consulting

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

Mailing Address 499 S Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Steve Israel Event

011

Transaction ID : 5388289

Amount of Each Disbursement this Period

350.00

Candidate Name

Steve IsraelCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 02

Steve Israel Event

Full Name (Last, First, Middle Initial)

C. Gingrey for Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Mailing Address P.O. Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Funds Reported On <Enter Report Name Here>

011

Transaction ID : 5388977

Amount of Each Disbursement this Period

5000.00

Candidate Name

Phil GingreyCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District:

[MEMO ITEM]

Funds Reported On <Enter Report Name Here>

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Gingrey for Senate Inc

Mailing Address P.O. Box U

City Marietta	State GA	Zip Code 30060
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Purpose of Disbursement
Re-designated funds for trans. dated 9/30/2013

Candidate Name

Phil GingreyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼
Runoff2013

State: GA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2013

Transaction ID : 5388978

Amount of Each Disbursement this Period

5000.00

[MEMO ITEM]

Re-designated funds for trans. dated 9/30/2013

Full Name (Last, First, Middle Initial)

B. Pete Sessions for Congress

Mailing Address P.O. Box 823047

City Dallas	State TX	Zip Code 75382
----------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Pete SessionsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

Transaction ID : 5401138

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. PETE PAC

Mailing Address 7804 Evening Lane

City Alexandria	State VA	Zip Code 22306
--------------------	-------------	-------------------

Purpose of Disbursement
Sessions' LPAC

Candidate Name

PETE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

Transaction ID : 5401139

Amount of Each Disbursement this Period

2500.00

Sessions' LPAC

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

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. BADGERPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2013

Mailing Address P.O. Box 70980

City	State	Zip Code
Washington	DC	20024

Transaction ID : 5416670Purpose of Disbursement
Kind's LPAC

Amount of Each Disbursement this Period

2500.00

Candidate Name

BADGERPAC

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Kind's LPAC

State: District:

Full Name (Last, First, Middle Initial)

B. Portman For Senate Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2013

Mailing Address 9856 Archer Lane

City	State	Zip Code
Dublin	OH	45244

Transaction ID : 5416671

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

Candidate Name

Rob Portman

011

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Full Name (Last, First, Middle Initial)

C. DUTCH PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2013

Mailing Address 499 S. Capitol St. SW
Suite 422

City	State	Zip Code
Washington	DC	20003

Transaction ID : 5416672Purpose of Disbursement
Ruppersberger's LPAC

Amount of Each Disbursement this Period

5000.00

Candidate Name

DUTCH PAC

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Ruppersberger's LPAC

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. 21st Century Majority FundMailing Address 6065 Roswell Rd.
#2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
Isakson's LPAC

011

Category/
Type

Candidate Name

21st Century Majority FundOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2013

Transaction ID : 5416674

Amount of Each Disbursement this Period

2500.00

Isakson's LPAC

Full Name (Last, First, Middle Initial)

B. Tim Scott for Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Tim ScottOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2013

Transaction ID : 5416675

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Wyden for Senate

Mailing Address P.O. Box 3498

City Portland State OR Zip Code 97208

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ronald WydenOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2013

Transaction ID : 5416676

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Simpson for Congress

Mailing Address 1487 Parkway Drive

City	State	Zip Code
Blackfoot	ID	83221

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael Simpson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2013

Transaction ID : 5416678

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stivers for Congress

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Steve Stivers

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2013

Transaction ID : 5442884

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Bill Flores for Congress

Mailing Address P.O. Box 6207

City	State	Zip Code
Bryan	TX	77805

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bill Flores

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2013

Transaction ID : 5442886

Amount of Each Disbursement this Period

2500.00

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

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Marsha Blackburn for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2013

Mailing Address P.O. Box 3750
Suite 4916

City Brentwood State TN Zip Code 37027

Purpose of Disbursement

011

Transaction ID : 5442887

Amount of Each Disbursement this Period

2500.00

Candidate Name

Marsha BlackburnCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 07

Full Name (Last, First, Middle Initial)

B. Sherman for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2013

Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

011

Transaction ID : 5442889

Amount of Each Disbursement this Period

2500.00

Candidate Name

Brad ShermanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 30

Full Name (Last, First, Middle Initial)

C. Larson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		01		2013

Mailing Address P.O.Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement

011

Transaction ID : 5442890

Amount of Each Disbursement this Period

2500.00

Candidate Name

John LarsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 01

SUBTOTAL of Disbursements This Page (optional)..... ►

7500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Latham for Congress

Mailing Address P.O. Box 8237

City	State	Zip Code
Des Moines	IA	50525

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tom Latham

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2013

Transaction ID : 5442891

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Jim Gerlach for Congress Committee

Mailing Address P.O. Box 87

City	State	Zip Code
Uwchland	PA	19480

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jim Gerlach

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2013

Transaction ID : 5442892

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Diane Black for Congress

Mailing Address P.O. Box 1437

City	State	Zip Code
Gallatin	TN	37066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Diane Black

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2013

Transaction ID : 5442893

Amount of Each Disbursement this Period

1000.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 P.O. Box 1738

City	State	Zip Code
Sacramento	CA	95812

Purpose of Disbursement

Candidate Name

Doris Matsui

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 05

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2013

Transaction ID : 5442894

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Alamo PACMailing Address 816 Congress Ave, Suite 960
Frost Bank Plaza

City	State	Zip Code
Austin	TX	78701

Purpose of Disbursement
Cornyn's LPAC

Candidate Name

Alamo PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2013

Transaction ID : 5442895

Amount of Each Disbursement this Period

2500.00

Cornyn's LPAC

Full Name (Last, First, Middle Initial)

C. Dr. Chad Mathis for Congress

Mailing Address 2960 Pelham Parkway Box 1641

City	State	Zip Code
Pelham	AL	35124

Purpose of Disbursement

Candidate Name

Chad Mathis MD

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AL District: 06

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2013

Transaction ID : 5442896

Amount of Each Disbursement this Period

5000.00

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

10500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. The Gula Graham Group

Mailing Address 499 S Capitol St S.W. Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
10/29 Breakfast

Candidate Name

Sam JohnsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2013

Transaction ID : 5451011

Amount of Each Disbursement this Period

350.00

10/29 Breakfast

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Mailing Address P.O. Box 6545

City	State	Zip Code
Visalia	CA	93290

Purpose of Disbursement

Candidate Name

Devin NunesOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2013

Transaction ID : 5460838

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. New York Jobs PAC

Mailing Address P.O. Box 708

City	State	Zip Code
Melville	NY	11747

Purpose of Disbursement
Israel's LPAC

Candidate Name

New York Jobs PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2013

Transaction ID : 5460844

Amount of Each Disbursement this Period

2500.00

Israel's LPAC

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

5350.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Diana Degette for Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2013			

Mailing Address P.O. Box 61337

City	State	Zip Code
Denver	CO	80206

Transaction ID : 5460845

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

Rep. Diana DeGette

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District: 01

Full Name (Last, First, Middle Initial)

B. Grassley Committee Inc

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2013			

Mailing Address P.O. Box 1000

City	State	Zip Code
Des Moines	IA	50304

Transaction ID : 5460846

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Charles Grassley

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IA District:

Full Name (Last, First, Middle Initial)

C. John S Fund

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2013			

Mailing Address P.O. Box 853

City	State	Zip Code
Washington	IL	62025-0853

Transaction ID : 5460847Purpose of Disbursement
Shimkus' LPAC

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

John S Fund

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:

Shimkus' LPAC

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Volunteers for Shimkus

Mailing Address P.O. Box 661

City	State	Zip Code
Collinsville	IL	62234

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Shimkus

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2013

Transaction ID : 5460848

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Sam Johnson

Mailing Address P.O. Box 860096

City	State	Zip Code
Plano	TX	75086

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sam Johnson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2013

Transaction ID : 5460859

Amount of Each Disbursement this Period

4650.00

Full Name (Last, First, Middle Initial)

C. Sanford Bishop for Congress

Mailing Address P. O. Box 909

City	State	Zip Code
Columbus	GA	20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sanford Bishop

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2013

Transaction ID : 5460860

Amount of Each Disbursement this Period

2500.00

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

9650.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Trust PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Upton's LPAC

011

Transaction ID : 5523984

Amount of Each Disbursement this Period

5000.00

Candidate Name

Trust PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Upton's LPAC

Full Name (Last, First, Middle Initial)

B. Upton For All of Us

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

011

Transaction ID : 5523986

Amount of Each Disbursement this Period

2500.00

Candidate Name

Frederick UptonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI

District: 06

Full Name (Last, First, Middle Initial)

C. Bucshon for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Mailing Address P.O. Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement

011

Transaction ID : 5523987

Amount of Each Disbursement this Period

2500.00

Candidate Name

Larry BucshonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 08

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Daniel Webster for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Mailing Address 3400 Old Winter Garden Road

City	State	Zip Code
Orlando	FL	32805

Transaction ID : 5523989

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Daniel WebsterCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 08

Amount of Each Disbursement this Period
5000.00

Full Name (Last, First, Middle Initial)

B. Reed Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Mailing Address P.O. Box 8628

City	State	Zip Code
Cranston	RI	02920

Transaction ID : 5523990

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Jack ReedCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: RI District:

Amount of Each Disbursement this Period
2500.00

Full Name (Last, First, Middle Initial)

C. Schock for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Mailing Address P.O. Box 10555

City	State	Zip Code
Peoria	IL	61612

Transaction ID : 5523991

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Aaron SchockCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 18

Amount of Each Disbursement this Period
1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. CMR Political Action Committee

Mailing Address P.O. Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement
McMorris Rodgers' LPAC

Candidate Name

CMR Political Action CommitteeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Transaction ID : 5524061

Amount of Each Disbursement this Period

5000.00

McMorris Rodgers' LPAC

Full Name (Last, First, Middle Initial)

B. Denny Heck for Congress

Mailing Address P.O. Box 235

City	State	Zip Code
Olympia	WA	98507

Purpose of Disbursement

Candidate Name

Dennis HeckOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Transaction ID : 5524554

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael Burgess for Congress

Mailing Address P.O. Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement

Candidate Name

Michael C. BurgessOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Transaction ID : 5524555

Amount of Each Disbursement this Period

2500.00

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

8500.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

The image shows three 10-pin D-sub connectors. The first connector is labeled '11' and has two pins labeled 'M'. The second connector is labeled '21' and has two pins labeled 'D'. The third connector is labeled '2013' and has four pins labeled 'Y'. The connectors are arranged horizontally and separated by slashes.

011

Amerish Bera

☐ Primary ☒ General
☐ Other (specify) ▼

011

Buck McKeon

☐ Primary ☒ General
☐ Other (specify) ▼

011

Steve Scalise

☒ Primary ☐ General
Other (specify) ▼

4500.00

Downloaded from <http://ajph.org/> on November 10, 2015

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 John Barrasso

Mailing Address P.O. Box 52008

City	State	Zip Code
Casper	WY	82605

Purpose of Disbursement

011

Candidate Name

John Barrasso

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: WY

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2013

Transaction ID : 5524560

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Himes for Congress

Mailing Address 857 Post Road, #312

City	State	Zip Code
Fairfield	CT	06824

Purpose of Disbursement

011

Candidate Name

Rep. James Himes

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2013

Transaction ID : 5524562

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. America Forward PAC

Mailing Address P.O. Box 70980

City	State	Zip Code
Washington	DC	20024

Purpose of Disbursement
Conyers' LPAC

011

Candidate Name

America Forward PAC

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
11	/	21	/	2013

Transaction ID : 5524563

Amount of Each Disbursement this Period

5000.00

Conyers' LPAC

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Larson for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Mailing Address P.O.Box 261172

City	State	Zip Code
Hartford	CT	06126

Transaction ID : 5524564

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

John LarsonCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CT District: 01

Full Name (Last, First, Middle Initial)

B. Steve Fincher for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Mailing Address P.O. Box 11153

City	State	Zip Code
Jackson	TN	38308

Transaction ID : 5524566

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Steve FincherCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 08

Full Name (Last, First, Middle Initial)

C. Friends of Dave Reichert

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Mailing Address P.O. Box 2032

City	State	Zip Code
Issaquah	WA	98027

Transaction ID : 5524569

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Dave ReichertCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WA District: 08

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 405 OF 421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 John Barrow

Mailing Address P.O. Box 1001

City	State	Zip Code
Augusta	GA	30903

Purpose of Disbursement

Candidate Name

John Barrow

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: GA District: 12

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Transaction ID : 5524570

Amount of Each Disbursement this Period

4650.00

Full Name (Last, First, Middle Initial)

B. Dr. Chad Mathis for Congress

Mailing Address 2960 Pelham Parkway Box 1641

City	State	Zip Code
Pelham	AL	35124

Purpose of Disbursement

Candidate Name

Chad Mathis MD

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AL District: 06

Disbursement For: 2013
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Runoff2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Transaction ID : 5524571

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz ConsultingMailing Address 499 S Capitol St. SW
Suite 422

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

John Barrow

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: GA District: 12

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Transaction ID : 5524576

Amount of Each Disbursement this Period

350.00

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

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Angerholzer Broz Consulting

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Mailing Address 499 S Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Transaction ID : 5524579

Amount of Each Disbursement this Period

350.00

Candidate Name

Jim ClyburnCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: SC District: 06Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Republican Operation to Secure and Keep a Majority (ROSKAM PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2013

Mailing Address P. O. Box 1011

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Roskam's LPAC

011

Transaction ID : 5544314

Amount of Each Disbursement this Period

2500.00

Candidate Name

Republican Operation to Secure and Keep a Majority (ROSKAM PAC)

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Roskam's LPAC

Full Name (Last, First, Middle Initial)

C. Southerland for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2013

Mailing Address P.O. Box 1692

City Lynn Haven State FL Zip Code 32444

Purpose of Disbursement

011

Transaction ID : 5544315

Amount of Each Disbursement this Period

2500.00

Candidate Name

William SoutherlandCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: FL District: 02Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5350.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 407 OF 421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Wells PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2013

Mailing Address 2470 Daniels Bridge Rd
Suite 121

City Athens State GA Zip Code 30606

Purpose of Disbursement
Austin Scotts LPAC

011

Transaction ID : 5544317

Amount of Each Disbursement this Period

2500.00

Candidate Name

Wells PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Austin Scotts LPAC

State: District:

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC--MC PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2013

Mailing Address P.O. Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
McCarthy's LPAC

011

Transaction ID : 5544318

Amount of Each Disbursement this Period

2500.00

Candidate Name

Majority Committee PAC--MC PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

McCarthy's LPAC

State: District:

Full Name (Last, First, Middle Initial)

C. David Scott for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2013

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

011

Transaction ID : 5544319

Amount of Each Disbursement this Period

2500.00

Candidate Name

David ScottCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

A. Friends of Elizabeth Esty

011

1000.00

Rep. Elizabeth Esty

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
 State: CT District: 05

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Simpson for Congress

Date of Disbursement

Mailing Address 1487 Parkway Drive

City	State	Zip Code
Blackfoot	ID	83221

Purpose of Disbursement

011

Transaction ID : 5544321

Amount of Each Disbursement this Period

1500.00

Candidate Name

Michael Simpson

Category/
Type

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	ID	District: 02

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Engel for Congress

Date of Disbursement

The first grid shows the number 11, with 'M' in the top-left and top-right positions. The second grid shows the number 26, with 'D' in the top-left and top-right positions. The third grid shows the number 2013, with 'Y' in the top-left, top-middle, top-right, and middle-right positions.

Mailing Address 462 California Road

City	State	Zip Code
Bronxville	NY	10708

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
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31	32
33	34
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41	42
43	44
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51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
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77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

011

Transaction ID : 5544322

Amount of Each Disbursement this Period

1000.00

Candidate Name

Eliot Engel

Category/
Type

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State: NY	District: 17	

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....

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

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 409 OF 421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Dutch Ruppersberger for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		26		2013

Mailing Address 22 W. Padonia Road

Transaction ID : 5544323

City Timonium	State MD	Zip Code 21093
------------------	-------------	-------------------

Amount of Each Disbursement this Period

Purpose of Disbursement

011

Category/
Type

1000.00

Candidate Name

C.A. Dutch Ruppersberger

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MD District: 02

Full Name (Last, First, Middle Initial)

B. Bob Goodlatte for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		26		2013

Mailing Address P.O. Box 292

Transaction ID : 5544327

City Roanoke	State VA	Zip Code 24002
-----------------	-------------	-------------------

Amount of Each Disbursement this Period

Purpose of Disbursement

011

Category/
Type

1000.00

Candidate Name

Rep. Bob Goodlatte

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 06

Full Name (Last, First, Middle Initial)

C. Friends of Chris Murphy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		26		2013

Mailing Address P.O. Box 127

Transaction ID : 5544353

City Cheshire	State CT	Zip Code 06410
------------------	-------------	-------------------

Amount of Each Disbursement this Period

Purpose of Disbursement
Debt Retirement

011

Category/
Type

2500.00

Candidate Name

Christopher Murphy

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CT District: General Debt 2012

Debt Retirement

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. The Gula Graham Group

Mailing Address 499 S Capitol St S.W. Suite 420

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement
11-18 Michael Burgess Lunch

Candidate Name

Michael C. BurgessOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2013

Transaction ID : 5577127

Amount of Each Disbursement this Period

350.00

11-18 Michael Burgess Lunch

Full Name (Last, First, Middle Initial)

B. Lead Your Nation Now PAC (LYNN PAC)

Mailing Address P.O. Box 1872

City Topeka	State KS	Zip Code 66601
----------------	-------------	-------------------

Purpose of Disbursement
Jenkins' LPAC

Candidate Name

Lead Your Nation Now PAC (LYNN PAC)Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : 5585689

Amount of Each Disbursement this Period

2500.00

Jenkins' LPAC

Full Name (Last, First, Middle Initial)

C. Friends of Bob Johnson

Mailing Address P.O. Box 16401

City Savannah	State GA	Zip Code 31416
------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

Robert E Johnson MDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : 5585916

Amount of Each Disbursement this Period

2500.00

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

5350.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 411 OF 421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Val Arkoosh

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Mailing Address P.O. Box 1011

City	State	Zip Code
Glenside	PA	19038

Transaction ID : 5585920

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Valerie Arkoosh MDCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 13

5000.00

Full Name (Last, First, Middle Initial)

B. Kelly PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Mailing Address 499 S. Capitol St. SW
Suite 420

City	State	Zip Code
Washington	DC	20003

Transaction ID : 5585921Purpose of Disbursement
Ayotte's LPAC

011

Amount of Each Disbursement this Period

Candidate Name

Kelly PACCategory/
Type

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:

2000.00

Ayotte's LPAC

Full Name (Last, First, Middle Initial)

C. Wyden for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Mailing Address P.O. Box 3498

City	State	Zip Code
Portland	OR	97208

Transaction ID : 5585924

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Ronald WydenCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OR District:

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. For Americas Republican Majority PAC (FARM PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2013

Mailing Address 675 N Washington St Suite 410

City	State	Zip Code
Alexandria	VA	22314

Transaction ID : 5585925

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

For Americas Republican Majority PAC (FARM PAC)Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2013

B. Tiberi for CongressMailing Address 2931 E Dublin Granville Road
Suite 190

City	State	Zip Code
Columbus	OH	43231

Transaction ID : 5585936

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

Patrick TiberiCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2013

C. Making America Prosperous

Mailing Address P.O. Box 2485

City	State	Zip Code
Springfield	VA	22152-0485

Transaction ID : 5585937Purpose of Disbursement
Brady's LPAC

011

Amount of Each Disbursement this Period

Candidate Name

Making America ProsperousCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Brady's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8650.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Christensen Campaign

Mailing Address P.O. Box 5197

City	State	Zip Code
St. Croix	VI	00823

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Donna Christensen

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: VI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : 5585948

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Whitfield for Congress Committee

Mailing Address P.O. Box 391

City	State	Zip Code
Hopkinsville	KY	42241

Purpose of Disbursement

011

Category/
Type

Candidate Name

Edward Whitfield

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : 5585959

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Thoroughbred PAC

Mailing Address P.O. Box 65116

City	State	Zip Code
Washington	DC	20035

Purpose of Disbursement
Whitfield's LPAC

011

Category/
Type

Candidate Name

Thoroughbred PAC

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : 5585984

Amount of Each Disbursement this Period

2500.00

Whitfield's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 414 OF 421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Shore PAC

Mailing Address P.O. Box 3157

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
Pallone's LPAC

011

Category/
Type

Candidate Name

Shore PAC

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2013

Transaction ID : 5585986

Amount of Each Disbursement this Period

5000.00

Pallone's LPAC

Full Name (Last, First, Middle Initial)

B. Adrian Smith for CongressMailing Address 3321 Avenue I
Suite 6

City	State	Zip Code
Scottsbluff	NE	69361

Purpose of Disbursement

011

Category/
Type

Candidate Name

Adrian Smith

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: NE District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2013

Transaction ID : 5585989

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pat Meehan for Congress

Mailing Address P.O. Box 308

City	State	Zip Code
Drexel Hill	PA	19026

Purpose of Disbursement

011

Category/
Type

Candidate Name

Patrick Meehan

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2013

Transaction ID : 5585993

Amount of Each Disbursement this Period

2500.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 415 OF 421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Guthrie for Congress

Mailing Address P.O. Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement

011

Candidate Name

S. Brett Guthrie

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : 5586000

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Luke Messer for Congress

Mailing Address P.O. Box 917

City	State	Zip Code
Shelbyville	IN	46176

Purpose of Disbursement

011

Candidate Name

Rep. Luke Messer

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : 5586004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul Tonko for CongressMailing Address 911 Central Avenue
P.O. Box 221

City	State	Zip Code
Albany	NY	12206

Purpose of Disbursement

011

Candidate Name

Paul Tonko

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : 5586019

Amount of Each Disbursement this Period

1000.00

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 P.O. Box 6207

City	State	Zip Code
Bryan	TX	77805

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bill Flores

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : 5586020

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Tom Reed for Congress

Mailing Address P.O. Box 391

City	State	Zip Code
Geneva	NY	14456

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thomas Reed

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : 5586022

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Excelsior PAC

Mailing Address 2470 Daniells Br Rd, Suite 121

City	State	Zip Code
Athens	GA	30606

Purpose of Disbursement
T. Reed's LPAC

011

Category/
Type

Candidate Name

Excelsior PAC

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : 5586023

Amount of Each Disbursement this Period

2500.00

T. Reed's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Walden for Congress

Mailing Address P.O. Box 1091

City	State	Zip Code
Hood River	OR	97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gregory Walden

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : 5586024

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins for Congress

Mailing Address P.O. Box 1441

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lynn Jenkins

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : 5586025

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins for Congress

Mailing Address P.O. Box 1441

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lynn Jenkins

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2013

Transaction ID : 5586026

Amount of Each Disbursement this Period

1500.00

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Benishek for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2013

Mailing Address P.O. Box 108

City	State	Zip Code
Gladstone	MI	49802

Transaction ID : 5605483

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1500.00

Candidate Name

Daniel BenishekCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District: 01

Full Name (Last, First, Middle Initial)

B. Perlmutter for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2013

Mailing Address 3440 Youngfield Street

City	State	Zip Code
Wheat Ridge	CO	80033

Transaction ID : 5605485

Purpose of Disbursement

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Edwin PerlmutterCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District: 07

Full Name (Last, First, Middle Initial)

C. American Defense and Military PAC (ADAM PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2013

Mailing Address P.O. Box 15320

City	State	Zip Code
Washington	DC	20003

Transaction ID : 5605486Purpose of Disbursement
A. Smith's LPAC

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

American Defense and Military PAC (ADAM PAC)Category/
Type

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:

A. Smith's LPAC

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

11500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Jenkins for Congress

Mailing Address P.O. Box 727

City	State	Zip Code
Huntington	WV	25711

Purpose of Disbursement

011

Category/
Type

Candidate Name

Evan Jenkins

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2013

Transaction ID : 5605487

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Lone Star PAC

Mailing Address 217 Third St. SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Burgess' LPAC

011

Category/
Type

Candidate Name

Lone Star PAC

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:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2013

Transaction ID : 5605488

Amount of Each Disbursement this Period

2500.00

Burgess' LPAC

Full Name (Last, First, Middle Initial)

C. Walberg for Congress

Mailing Address P.O. Box 1362

City	State	Zip Code
Jackson	MI	49204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Timothy Walberg

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2013

Transaction ID : 5605489

Amount of Each Disbursement this Period

2500.00

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

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Hudson for Congress

Mailing Address P.O. Box 5053

City	State	Zip Code
Concord	NC	28027

Purpose of Disbursement

011

Candidate Name

Rep. Richard Hudson Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2013

Transaction ID : 5605491

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Steve Fincher for Congress

Mailing Address P.O. Box 11153

City	State	Zip Code
Jackson	TN	38308

Purpose of Disbursement

011

Candidate Name

Steve Fincher

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2013

Transaction ID : 5609279

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Steve Fincher for Congress

Mailing Address P.O. Box 11153

City	State	Zip Code
Jackson	TN	38308

Purpose of Disbursement
Void - Steve Fincher for Congress

011

Candidate Name

Steve Fincher

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2013

Transaction ID : 5622834

Amount of Each Disbursement this Period

-2500.00

Void - Steve Fincher for Congress

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

2000.00

492550.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 421 OF 421

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz Consulting

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2013

Mailing Address 499 S Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Strategic Fundraising Fee and Expenses

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼**Transaction ID : 5150911**

Amount of Each Disbursement this Period

350.00

Strategic Fundraising Fee and Expenses

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00
350.00