

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="621101.45"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="621101.45"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="859493.50"/>	<input type="text" value="859493.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1480594.95"/>	<input type="text" value="1480594.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="721537.20"/>	<input type="text" value="721537.20"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="759057.75"/>	<input type="text" value="759057.75"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

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).....	770134.32	770134.32
(ii) Unitemized	68489.33	68489.33
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	838623.65	838623.65
(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)	838623.65	838623.65
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).....	13589.93	13589.93
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	7250.00	7250.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	29.92	29.92
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))..... ▶	859493.50	859493.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	859493.50	859493.50

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	13987.20	13987.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13987.20	13987.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	701200.00	701200.00
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	1000.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	1000.00
29. Other Disbursements	5350.00	5350.00
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)) ..	721537.20	721537.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	721537.20	721537.20

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)	838623.65	838623.65
34. Total Contribution Refunds (from Line 28(d))	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	837623.65	837623.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13987.20	13987.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	13589.93	13589.93
38. Net Operating Expenditures (subtract Line 37 from Line 36)	397.27	397.27

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Geoffrey Van Thiel MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Roxbury Road
 City Rockford State IL Zip Code 61107
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2015
Transaction ID : 6684987
 Amount of Each Receipt this Period
 500.00

B. Robert Louis Pierron MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30765 Overlook Run
 City Buena Vista State CO Zip Code 81211-9836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer College Park Family Care 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 Y
 01 / 06 / 2015
Transaction ID : 6688839
 Amount of Each Receipt this Period
 300.00

C. Mark N Awantang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1827 Harrison Ave
 City Panama City State FL Zip Code 32405
 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 Y
 01 / 02 / 2015
Transaction ID : 6693701
 Amount of Each Receipt this Period
 375.00

SUBTOTAL of Receipts This Page (optional).....▶	1175.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John M Olsewski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Rivers Edge Dr #407
 City Tarrytown State NY Zip Code 10591-7514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Montefiore Medical Center 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
 01 / 02 / 2015
Transaction ID : 6693702
 Amount of Each Receipt this Period
 1000.00

B. Andrew D Rah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26671 Mont Calabasas Dr
 City Calabasas State CA Zip Code 91302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Orthopaedic Specialists 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
 01 / 07 / 2015
Transaction ID : 6693704
 Amount of Each Receipt this Period
 250.00

C. Jonathan Daniel Scherl MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Evergreen Pl
 City Tenafly State NJ Zip Code 07670
 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
 01 / 02 / 2015
Transaction ID : 6694515
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John Ignatius Kung MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21325 Windy Hill Dr
 City Frankfort State IL Zip Code 60423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Ortho & Hand Ctr 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
 01 / 11 / 2015
Transaction ID : 6706751
 Amount of Each Receipt this Period
 1000.00

B. Michael Gayle Klassen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1302
 City Monterey State CA Zip Code 93942-1302
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2015
Transaction ID : 6714253
 Amount of Each Receipt this Period
 250.00

C. Timothy S Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 43854 Kittiwake Dr
 City Leesburg State VA Zip Code 20176-1634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Sports Med Inst. 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
 01 / 12 / 2015
Transaction ID : 6714628
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. James T Howell MD		Date of Receipt
Mailing Address 4800 Quarry Dr		<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Conway	AR	72034-7593
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6714638
Name of Employer	Occupation	Amount of Each Receipt this Period
Conway Ortho & Sports Med Clinic	Orthopaedic Surgeon	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Kenneth A Krumins MD		Date of Receipt
Mailing Address 1628 Holts Grove Cr		<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Winter Park	FL	32789
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6724097
Name of Employer	Occupation	Amount of Each Receipt this Period
Jewett Orthopaedic Clinic	Orthopaedic Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. J Teig Port MD		Date of Receipt
Mailing Address 456 Wyndemere		<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Heath	TX	75032
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6724101
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Orthopaedic Surgeon	<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard D Schmidt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4010 Sunnyside Road
 City Edina State MN Zip Code 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015
Transaction ID : 6724106
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Mark E Werner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11310 Carmel Ave NE
 City Albuquerque State NM Zip Code 87122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alburquerque Health Partners Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015
Transaction ID : 6724107
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. Mark W Hollmann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3865 Bird Dog Lane
 City Deland State FL Zip Code 32724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015
Transaction ID : 6724111
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John R Chase MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 Suwanee Court
 City Maitland State FL Zip Code 32751
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015
Transaction ID : 6724112
 Amount of Each Receipt this Period
 250.00

B. Scott P Schemmel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1160 Pamela Ct
 City Dubuque State IA Zip Code 52003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Associates 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 Y
 01 / 16 / 2015
Transaction ID : 6724116
 Amount of Each Receipt this Period
 250.00

C. Richard Franklin Bruch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 Pineview Rd
 City Durham State NC Zip Code 27707
 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 Y
 01 / 16 / 2015
Transaction ID : 6724117
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2015
Transaction ID : 6724118
 Amount of Each Receipt this Period
 1000.00

B. David A Abrutyn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Pitney Court
 City State Zip Code
 Basking Ridge NJ 07920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Summit Medical Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2015
Transaction ID : 6724119
 Amount of Each Receipt this Period
 1000.00

C. John C Richmond MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Malcolm Street
 City State Zip Code
 Hingham MA 02043-1354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Boston Sports & Shoulder Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2015
Transaction ID : 6724120
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David M Shein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Random Farms Circle
 City Chappaqua State NY Zip Code 10514
 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 Y
 01 / 16 / 2015
Transaction ID : 6724121
 Amount of Each Receipt this Period
 1000.00

B. James C Karegeannes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 Skyview Dr
 City Asheville State NC Zip Code 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 Y
 01 / 16 / 2015
Transaction ID : 6724122
 Amount of Each Receipt this Period
 1000.00

C. Joseph E Mumford MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015
Transaction ID : 6724123
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Andrew J Vicar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8934 Dandy Creek Dr
 City Indianapolis State IN Zip Code 46234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoIndy Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 16 / 2015**
Transaction ID : 6724130
 Amount of Each Receipt this Period **250.00**

B. John G Mowbray MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 590 Kensington Farms Dr
 City Milton State GA Zip Code 30004
 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 **250.00**

Date of Receipt **01 / 16 / 2015**
Transaction ID : 6724131
 Amount of Each Receipt this Period **250.00**

C. Thomas A Malvitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5480 Forest Bend Dr
 City Ada State MI Zip Code 49301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Michigan Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 16 / 2015**
Transaction ID : 6724135
 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 16 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Manuel A Badillo-Collazo
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Calle Pitirre
 City San Juan State PR Zip Code 00926-7100
 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
 01 / 16 / 2015
Transaction ID : 6724136
 Amount of Each Receipt this Period
 250.00

B. Jose Miguel Santiago-Figueroa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Cond Plaza de Diego
 310 Ave de Diego Ste 301
 City San Juan State PR Zip Code 00909-1730
 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 Y
 01 / 16 / 2015
Transaction ID : 6724137
 Amount of Each Receipt this Period
 500.00

C. Antonio A de la Cruz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Carimed Plaza B-1
 Calle Santa Cruz Suite 403-404
 City Bayamon State PR Zip Code 00961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Caribbean Orthopaedic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015
Transaction ID : 6724138
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jose A Collazo-Bonilla MD
 Full Name (Last, First, Middle Initial)
 Mailing Address EDIF Prof Hospital Menonita
 Ste 306
 City Aibonito State PR Zip Code 00705
 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
 01 / 16 / 2015
Transaction ID : 6724139
 Amount of Each Receipt this Period
 1000.00

B. Ardavan M Aslie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 630 Lilac Ln
 City Sacramento State CA Zip Code 95864-4908
 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
 01 / 16 / 2015
Transaction ID : 6724140
 Amount of Each Receipt this Period
 1000.00

C. Lawrence P Shank MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1520 SE Cole Creek
 City El Dorado State KS Zip Code 67042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Susan B Allen Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 16 / 2015
Transaction ID : 6724141
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeffrey K Moore MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4218-M Arendell Street
 City Morehead City State NC Zip Code 28557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moore Orthopaedics and 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
 01 / 16 / 2015
Transaction ID : 6724143
 Amount of Each Receipt this Period
 500.00

B. Scott Gunnar Quisling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3275 Bransley Way
 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 General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015
Transaction ID : 6724149
 Amount of Each Receipt this Period
 500.00

C. Kristen Lee Carroll MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 790 Donner Hill Circle
 City Salt Lake City State UT Zip Code 84108-1752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shriners 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 Y
 01 / 16 / 2015
Transaction ID : 6724150
 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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. James P Crutcher Jr, MD			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 16 / 2015 Transaction ID : 6724153
Mailing Address 1000 39th Ave E			Amount of Each Receipt this Period 1000.00
City Seattle	State WA	Zip Code 98112-5028	
FEC ID number of contributing federal political committee. C			
Name of Employer Proliance Surgeons	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Todd Andrew McCall MD			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 16 / 2015 Transaction ID : 6724155
Mailing Address 1075 Mason Ave			Amount of Each Receipt this Period 250.00
City Daytona Beach	State FL	Zip Code 32117	
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Clinic of Daytona	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Donald J Zoltan MD			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 16 / 2015 Transaction ID : 6724156
Mailing Address 1081 East Circle Dr.			Amount of Each Receipt this Period 500.00
City Whitefish Bay	State WI	Zip Code 53217	
FEC ID number of contributing federal political committee. C			
Name of Employer Sports Med & Ortho Center	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Michael G Kogan MD

Mailing Address 21908 Tall Oaks Dr

City State Zip Code
Kildeer IL 60047

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

Name of Employer Occupation
Midwest Bone & Joint Institute Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2015
Transaction ID : 6724157

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Luis R Barreto-Sola MD

Mailing Address P.O. Box 1269

City State Zip Code
Caguas PR 00726-1269

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 M / D D D / Y Y Y Y Y Y
01 / 16 / 2015
Transaction ID : 6724159

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Samuel A Fernandez MD

Mailing Address 200 Zorzal St
Urb Montehiedra

City State Zip Code
San Juan PR 00926

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 M / D D D / Y Y Y Y Y Y
01 / 16 / 2015
Transaction ID : 6724161

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Pedro Javier Tort-Saade MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Condado Real 201 McLeary 1700
 City San Juan State PR Zip Code 00907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tort Orthopaedic 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 Y
 01 / 16 / 2015
Transaction ID : 6724162
 Amount of Each Receipt this Period
 250.00

B. Ricardo J Reina-Sanabria MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Grand Boulevard Paseos Suite 112 MSC 313
 City San Juan State PR Zip Code 00926
 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
 01 / 16 / 2015
Transaction ID : 6724163
 Amount of Each Receipt this Period
 250.00

c. Manuel O Soto-Ruiz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address La Garita D 21 Paseo San Juan
 City San Juan State PR Zip Code 00926
 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
 01 / 16 / 2015
Transaction ID : 6724164
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Bruce M Leslie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 Aspen Ave
 City Newton State MA Zip Code 02466
 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 M / D D D / Y Y Y Y Y Y
 01 / 16 / 2015
Transaction ID : 6724175
 Amount of Each Receipt this Period
 250.00

B. Alan Joseph Sarokhan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 73 Old Coach Rd
 City Basking Ridge State NJ Zip Code 07920
 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 M / D D D / Y Y Y Y Y Y
 01 / 16 / 2015
Transaction ID : 6724176
 Amount of Each Receipt this Period
 500.00

C. Kourosh Korsh Jafarnia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 617 Little John
 City Houston State TX Zip Code 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Methodist Hospital
 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
 01 / 16 / 2015
Transaction ID : 6724177
 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	FOR LINE NUMBER: (check only one)	PAGE 23 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ki S Hwang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8100 River Rd Unit 1014
 City North Bergen State NJ Zip Code 07047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Spine 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 Y
 01 / 16 / 2015
Transaction ID : 6724178
 Amount of Each Receipt this Period
 1000.00

B. Mark C Hermann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 428 Maple Ln
 City Danville State VA Zip Code 24541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Danville 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 Y
 01 / 16 / 2015
Transaction ID : 6724179
 Amount of Each Receipt this Period
 250.00

C. Anthony J DiStasio II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2944 Bruce Station
 City Chesapeake State VA Zip Code 23321
 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
 01 / 16 / 2015
Transaction ID : 6724180
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. James A Shapiro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7221 3rd Ave
 City Kenosha State WI Zip Code 53143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UHSI 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
 01 / 18 / 2015
Transaction ID : 6725025
 Amount of Each Receipt this Period
 250.00

B. Torin J Cunningham MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 Sea Terrace
 City Newport Coast State CA Zip Code 92657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed 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
 01 / 19 / 2015
Transaction ID : 6727038
 Amount of Each Receipt this Period
 250.00

C. John J McCrosson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2749 Fountainhead Way
 City Mt Pleasant State SC Zip Code 29466-8590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roper St Francis Healthcare 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
 01 / 20 / 2015
Transaction ID : 6727380
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Magdiel Mayol-Urdaz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Vereda #5 URB Monte Verde Real
 City San Juan State PR Zip Code 00926-5985
 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 M / D D D / Y Y Y Y Y Y
 01 / 16 / 2015
Transaction ID : 6727814
 Amount of Each Receipt this Period
 1000.00

B. Edward T Su MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11726 Valley Creek Rd
 City Woodbury State MN Zip Code 55129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 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
 01 / 21 / 2015
Transaction ID : 6728089
 Amount of Each Receipt this Period
 1000.00

C. Keith R Pitchford DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 852 Royal Dublin Ln
 City Dyer State IN Zip Code 46311
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6728090
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Daniel W Guehlstorf MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9083 Kensington Way
 City Franklin State WI Zip Code 53132
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt 01 / 21 / 2015
Transaction ID : 6728091
 Amount of Each Receipt this Period 1000.00
 Aggregate Year-to-Date 1000.00

B. Stuart L Weinstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Hawkins Dr Ste 01026JPP
 City Iowa City State IA Zip Code 52242-1008
 FEC ID number of contributing federal political committee. C
 Name of Employer Univ of Iowa Hospitals & Clinics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt 01 / 21 / 2015
Transaction ID : 6728092
 Amount of Each Receipt this Period 1000.00
 Aggregate Year-to-Date 1000.00

C. James C Vailas MD
 Full Name (Last, First, Middle Initial)
 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 Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)

Date of Receipt 01 / 21 / 2015
Transaction ID : 6728093
 Amount of Each Receipt this Period 1000.00
 Aggregate Year-to-Date 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 563
	<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. Carl E Becker MD			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 21 / 2015 Transaction ID : 6728094		
Mailing Address 9 Southview Lane			Amount of Each Receipt this Period 1000.00		
City Lititz	State PA	Zip Code 17543			
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			

Full Name (Last, First, Middle Initial) B. David M Dines MD			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 21 / 2015 Transaction ID : 6728095		
Mailing Address 2 Highland Ct			Amount of Each Receipt this Period 1000.00		
City Old Westbury	State NY	Zip Code 11568			
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			

Full Name (Last, First, Middle Initial) C. Joseph Gerard Marsicano MD			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 21 / 2015 Transaction ID : 6728096		
Mailing Address 1412 Crabapple Dr			Amount of Each Receipt this Period 1000.00		
City Manasquan	State NJ	Zip Code 08736			
FEC ID number of contributing federal political committee. C					
Name of Employer Brielle Orthopedics		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard F McKay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3203 Ong
 City Amarillo State TX Zip Code 79109
 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 Y
 01 / 21 / 2015
Transaction ID : 6728097
 Amount of Each Receipt this Period
1000.00

B. Craig Anthony Cummins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 741 Spruce Rd
 City Barrington State IL Zip Code 60010
 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
 01 / 21 / 2015
Transaction ID : 6728100
 Amount of Each Receipt this Period
250.00

C. Timothy H Izant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8227 Meadowview Court
 City Manlius State NY Zip Code 13104-9659
 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 Y
 01 / 21 / 2015
Transaction ID : 6728101
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Brett A Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 N 8th St
 City Wathena State KS Zip Code 66090-0554
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6728102
 Amount of Each Receipt this Period
 1000.00

B. Daniel E Gelb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11880 Linden Chapel Rd.
 City Clarksville State MD Zip Code 21029
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6728105
 Amount of Each Receipt this Period
 250.00

c. J Teig Port MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 456 Wyndemere
 City Heath State TX Zip Code 75032
 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
 01 / 21 / 2015
Transaction ID : 6728106
 Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Arthur F Lee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5270 Drake Road
 City Cincinnati State OH Zip Code 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 Y
 01 / 21 / 2015
Transaction ID : 6728107
 Amount of Each Receipt this Period
250.00

B. Mark L Nystrom MD
 Full Name (Last, First, Middle Initial)
 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 General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6728108
 Amount of Each Receipt this Period
250.00

C. George F Chimento MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 Chester St
 City Metairie State LA Zip Code 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner 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 Y
 01 / 21 / 2015
Transaction ID : 6728112
 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: (check only one)	PAGE 31 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Samuel D Gerber MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Ruggiero Way
 City Andover State MA Zip Code 01810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Surgical Associate 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
 01 / 21 / 2015
Transaction ID : 6728113
 Amount of Each Receipt this Period
 1000.00

B. Kenneth A Davenport MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 Clark St
 City Marquette State MI Zip Code 49855-1411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Center for 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 Y
 01 / 21 / 2015
Transaction ID : 6728116
 Amount of Each Receipt this Period
 500.00

C. Larry D Herron MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 219 Indio
 City Shell Beach State CA Zip Code 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 Y
 01 / 21 / 2015
Transaction ID : 6728118
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. David Vittetoe MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 21 / 2015 Transaction ID : 6728119
Mailing Address 24761 Timber Hills Ln		Amount of Each Receipt this Period 250.00
City Adel	State IA	Zip Code 50003-8421
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Kent F Dickson MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 21 / 2015 Transaction ID : 6728120
Mailing Address 3812 Imperial Drive		Amount of Each Receipt this Period 250.00
City Flower Mound	State TX	Zip Code 75208
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Gregory G Orson MD		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 21 / 2015 Transaction ID : 6728122
Mailing Address 2049 Rose Creek Blvd		Amount of Each Receipt this Period 500.00
City Fargo	State ND	Zip Code 58104
FEC ID number of contributing federal political committee. C	Name of Employer Sanford 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	

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Paul Alan Kammerlocher MD			Date of Receipt
Mailing Address 2907 NW 40th Pl			<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6728123
Newcastle	OK	73065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
McBride Clinic Inc	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jeffrey R Kuhlman MD			Date of Receipt
Mailing Address 179 Arnold Palmer Dr			<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6728124
Advance	NC	27006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Piedmont Healthcare, PA	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Michael Leathers MD			Date of Receipt
Mailing Address 2801 K St Ste 330			<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6728125
Sacramento	CA	95816-5119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="438.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="438.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="938.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mitchell B Sheinkop MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2328 N Cleveland Ave
 City Chicago State IL Zip Code 60614
 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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6728128
 Amount of Each Receipt this Period
500.00

B. Frank R Noyes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10663 Montgomery Rd 1st Fl
 City Cincinnati State OH Zip Code 45242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cincinnati 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
 01 / 21 / 2015
Transaction ID : 6728129
 Amount of Each Receipt this Period
500.00

C. Michael P Nancollas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Melville Ct
 City Lenox State MA Zip Code 01240-2589
 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 Y
 01 / 21 / 2015
Transaction ID : 6728131
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. J Ollie Edmunds MD, FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1440 Canal St.
 Suite 1500
 City New Orleans State LA Zip Code 70112
 Name of Employer Tulane University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2015
Transaction ID : 6728133
 Amount of Each Receipt this Period 250.00

B. Bradd Burkhart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 Legion Drive
 City Winter Park State FL Zip Code 32789
 Name of Employer Orlando Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 21 / 2015
Transaction ID : 6728136
 Amount of Each Receipt this Period 500.00

C. Samuel L Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8955 Vaughn Rd
 City Montgomery State AL Zip Code 36117
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2015
Transaction ID : 6728139
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Upshur M Spencer MD
Full Name (Last, First, Middle Initial)
Mailing Address 9124 Gloralee St
City Anchorage State AK Zip Code 99502-5137
FEC ID number of contributing federal political committee. **C**
Name of Employer Anchorage Fracture & Ortho Clinic Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 21 / 2015**
Transaction ID : 6728142
Amount of Each Receipt this Period **500.00**

B. Laurie O Hughes MD
Full Name (Last, First, Middle Initial)
Mailing Address 46 Kings Arms Rd
City Little Rock State AR Zip Code 72227
FEC ID number of contributing federal political committee. **C**
Name of Employer Central Arkansas Veterans Heal Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 21 / 2015**
Transaction ID : 6728143
Amount of Each Receipt this Period **300.00**

c. John A Papa MD
Full Name (Last, First, Middle Initial)
Mailing Address 1440 Hibiscus Ave
City Winter Park State FL Zip Code 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 **01 / 21 / 2015**
Transaction ID : 6728145
Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **1100.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Claiborne Lake Moseley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1607 Castle Drive
 City Jonesboro State AR Zip Code 72401
 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 M / D D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6728146
 Amount of Each Receipt this Period
 1000.00

B. Slade C Moore MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1209 Carriage House Dr
 City Colfax State NC Zip Code 27235-9420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 High Point Orthopaedic & Sport Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6728148
 Amount of Each Receipt this Period
 250.00

C. S Dale Yakish MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1030 Beaner Hollow Rd
 City Beaver State PA Zip Code 15009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Association of Specialty Physicians Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6728149
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kenneth A Martin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address # 5 Platt Ct
 City Maumelle State AR Zip Code 72113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Martin Bowen Hefley Orthopaedi 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
 01 / 21 / 2015
Transaction ID : 6728154
 Amount of Each Receipt this Period
500.00

B. Vincent E Vena MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 528 Waterfall Dr
 City Johnstown State PA Zip Code 15906
 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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6728156
 Amount of Each Receipt this Period
250.00

C. Christian T Royer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5159 Stillwater Trail
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Texas Provider 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 Y
 01 / 21 / 2015
Transaction ID : 6728162
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Steven Braxton Morgan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1222 San Saba Ct
 City State Zip Code
 Allen TX 75013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoTexas Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6728163
 Amount of Each Receipt this Period
 500.00

B. Arthur L Valadie III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 526 56th St
 City State Zip Code
 Holmes Beach FL 34217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Coastal 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 Y
 01 / 21 / 2015
Transaction ID : 6728166
 Amount of Each Receipt this Period
 250.00

C. M Bradford Henley MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 6853 W Mercer Way
 City State Zip Code
 Mercer Island WA 98040-4861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Washington Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6728167
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael David Miller MD
Full Name (Last, First, Middle Initial)

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
01 / 21 / 2015
Transaction ID : 6728168

Amount of Each Receipt this Period
250.00

B. Howard J Gelb MD
Full Name (Last, First, Middle Initial)

Mailing Address 6214 NW 120th Dr

City Coral Springs State FL Zip Code 33076

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 21 / 2015
Transaction ID : 6728169

Amount of Each Receipt this Period
250.00

C. Jonathan William Surdam MD
Full Name (Last, First, Middle Initial)

Mailing Address 2519 E. Summer Creek Dr

City Bloomington State IN Zip Code 47401

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

Name of Employer Southern Indiana Physicians Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 21 / 2015
Transaction ID : 6728170

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jonathan James Clabeaux MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1413 3rd Ave West
 City Seattle State WA Zip Code 98119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Mason 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 Y
 01 / 21 / 2015
Transaction ID : 6728172
 Amount of Each Receipt this Period
 500.00

B. Joseph E Slappey Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 North Rivoli Farms Drive
 City Macon State GA Zip Code 31210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Forsyth Street 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
 01 / 21 / 2015
Transaction ID : 6728173
 Amount of Each Receipt this Period
 250.00

C. Mark R Wilson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9825 Finnegan Dr
 City Brighton State MI Zip Code 48116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community 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 Y
 01 / 21 / 2015
Transaction ID : 6728178
 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	FOR LINE NUMBER: (check only one)	PAGE 42 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Carlos Guanche MD
Full Name (Last, First, Middle Initial)

Mailing Address 24959 John Fremont Road

City Hidden Hills State CA Zip Code 91302

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 01 / 20 / 2015
Transaction ID : 6728180

Amount of Each Receipt this Period 1000.00

B. Kent E Woo MD
Full Name (Last, First, Middle Initial)

Mailing Address 309 Mcalpin Dr

City Savannah State GA Zip Code 31406-8923

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

Name of Employer Optim Orthopedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 20 / 2015
Transaction ID : 6728181

Amount of Each Receipt this Period 1000.00

C. James J Purtill MD
Full Name (Last, First, Middle Initial)

Mailing Address 651 Darby Paoli Rd

City Villanova State PA Zip Code 19085

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

Name of Employer Rothman Institute Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 20 / 2015
Transaction ID : 6728182

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard W Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Field Stone Lane
 City Tiverton State RI Zip Code 02878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coastal Orthopaedics 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 Y
 01 / 20 / 2015
Transaction ID : 6728183
 Amount of Each Receipt this Period
 1000.00

B. David Irvine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13012 Sunny Dawn Ct
 City Saint Louis State MO Zip Code 63127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 01 / 20 / 2015
Transaction ID : 6728184
 Amount of Each Receipt this Period
 1000.00

C. David E Nonweiler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2622 E 33rd Pl
 City Tulsa State OK Zip Code 74105-2338
 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 Y
 01 / 20 / 2015
Transaction ID : 6728185
 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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mark A Coppes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1227 Shannock Rd
 City Charlestown State RI Zip Code 02813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South County 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 Y
 01 / 20 / 2015
Transaction ID : 6728186
 Amount of Each Receipt this Period
 1000.00

B. Mark W Woolf MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3628 Country Club Circle
 City Ft Worth State TX Zip Code 76109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arlington 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
 01 / 20 / 2015
Transaction ID : 6728187
 Amount of Each Receipt this Period
 1000.00

C. Abdul Foad MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 19152 247th Avenue
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2015
Transaction ID : 6728188
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeffrey A Baum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1094 Fox Chapel Rd
 City Pittsburgh State PA Zip Code 15238-2014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Three Rivers Ortho Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 20 / 2015
Transaction ID : 6728189
 Amount of Each Receipt this Period 1000.00

B. Gary M Schniegenberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1982 Road P1
 City Bluffton State OH Zip Code 45817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Institute of Ohio Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 20 / 2015
Transaction ID : 6728190
 Amount of Each Receipt this Period 1000.00

C. Wudbhav N Sankar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 Montgomery School Ln
 City Wynnewood State PA Zip Code 19096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Childrens Surgical Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2015
Transaction ID : 6728193
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Sheila Marie Algan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 NW 42nd St
 City Oklahoma City State OK Zip Code 73118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OU Physicians Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2015
Transaction ID : 6728196
 Amount of Each Receipt this Period
 500.00

B. Stephen Paul Falatyn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 362 Little Creek Dr
 City Nazareth State PA Zip Code 18064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OAA Orthopaedic Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2015
Transaction ID : 6728198
 Amount of Each Receipt this Period
 400.00

C. Evan K Bash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Dauphin Drive
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Premier Ortho & Sports Med Assoc Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2015
Transaction ID : 6728199
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Peter D Pizzutillo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 926 Bowman Ave
 City Wynnewood State PA Zip Code 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2015
Transaction ID : 6728200
 Amount of Each Receipt this Period
 250.00

B. Andrew H Glassman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 North Drexel Avenue
 City Columbus State OH Zip Code 43209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio State University 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 Y
 01 / 20 / 2015
Transaction ID : 6728203
 Amount of Each Receipt this Period
 300.00

c. J Lockwood Ochsner Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2018 Jefferson Ave.
 City New Orleans State LA Zip Code 70115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Clinic Foundation 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
 01 / 20 / 2015
Transaction ID : 6728205
 Amount of Each Receipt this Period
 500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. John A Gracy MD
Full Name (Last, First, Middle Initial)

Mailing Address 92 Dallon Lane

City Ringgold State GA Zip Code 30736

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
01 / 20 / 2015
Transaction ID : 6728207

Amount of Each Receipt this Period
300.00

B. James W Maxey MD
Full Name (Last, First, Middle Initial)

Mailing Address 13004 N Georgetown Rd

City Dunlap State IL Zip Code 61525

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 ▼ 375.00

Date of Receipt
01 / 20 / 2015
Transaction ID : 6728208

Amount of Each Receipt this Period
375.00

C. Patricia C McKeever MD
Full Name (Last, First, Middle Initial)

Mailing Address 139 S Plymouth Blvd

City Los Angeles State CA Zip Code 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 ▼ 1000.00

Date of Receipt
01 / 20 / 2015
Transaction ID : 6728211

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1675.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Cornelis M Elmes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5311 Laurel Ridge Ct
 City State Zip Code
 Fairfield CA 94534-6786
 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 M / D D D / Y Y Y Y Y Y
 01 / 20 / 2015
Transaction ID : 6728214
 Amount of Each Receipt this Period
 250.00

B. George A Pugh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1124 Longridge Rd
 City State Zip Code
 Oakland CA 94610-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 East Bay Orthopaedic Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2015
Transaction ID : 6728215
 Amount of Each Receipt this Period
 300.00

C. Ronald E DiSimone MD
 Full Name (Last, First, Middle Initial)
 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 M / D D D / Y Y Y Y Y Y
 01 / 20 / 2015
Transaction ID : 6728217
 Amount of Each Receipt this Period
 250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas C Wilder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10015 N.E. 4th St
 Apt 2003
 City Bellevue State WA Zip Code 98004-5687
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Group Health Permanente 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
 01 / 20 / 2015
Transaction ID : 6728219
 Amount of Each Receipt this Period
500.00

B. John Vernon Houghtaling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3940 Hollyhock Ln
 City Maumee State OH Zip Code 43537-9241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Toledo 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 Y
 01 / 20 / 2015
Transaction ID : 6728224
 Amount of Each Receipt this Period
250.00

C. Robert Brick Campbell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1356 Five Point Rd
 City Virginia Beach State VA Zip Code 23454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA Inst for 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
 01 / 20 / 2015
Transaction ID : 6728226
 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	FOR LINE NUMBER: (check only one)	PAGE 51 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Steven Harris Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9350 Fernleigh Dr
 City Richmond State VA Zip Code 23235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoVirginia 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
 01 / 20 / 2015
Transaction ID : 6728228
 Amount of Each Receipt this Period
 1000.00

B. James W Gallentine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3121 Sheridan Blvd
 City Lincoln State NE Zip Code 68502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nebraska Ortho & Sports Med 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
 01 / 20 / 2015
Transaction ID : 6728229
 Amount of Each Receipt this Period
 250.00

C. Timothy S Petsche MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 W Lenz Rd
 City Elgin State IL Zip Code 60124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fox Valley Orthopaedic Institute 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
 01 / 20 / 2015
Transaction ID : 6728231
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Charles C Stroud MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1878 Sutton Pl
 City Troy State MI Zip Code 48098
 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
 01 / 20 / 2015
Transaction ID : 6729659
 Amount of Each Receipt this Period
 250.00

B. Robert H Sandmeier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2038 NW 127th Pl
 City Portland State OR Zip Code 97229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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
 01 / 20 / 2015
Transaction ID : 6729663
 Amount of Each Receipt this Period
 250.00

C. Samuel R Rosenfeld MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 APOS Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2015
Transaction ID : 6729665
 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: (check only one)	PAGE 53 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Douglas W Kiburz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5075 Hwy Y
 City Sedalia State MO Zip Code 65301
 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 Y
 01 / 20 / 2015
Transaction ID : 6729666
 Amount of Each Receipt this Period
 500.00

B. Gary M Zartman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2433 Butter Rd
 City Lancaster State PA Zip Code 17601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lancaster Orthopaedic Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2015
Transaction ID : 6729668
 Amount of Each Receipt this Period
 500.00

C. Devon D Goetz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6001 Westown Pky
 City West Des Moines State IA Zip Code 50266-7702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Des Moines Ortho Surgeons Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2015
Transaction ID : 6729670
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Robert L Welch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4510 Downers Dr
 City Downers Grove State IL Zip Code 60515-2726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer M&M Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 20 / 2015
Transaction ID : 6729671
 Amount of Each Receipt this Period 300.00

B. Gregory S Slaphey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 Fairway Dr
 City Carrollton State GA Zip Code 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 ▼ 250.00

Date of Receipt 01 / 20 / 2015
Transaction ID : 6729898
 Amount of Each Receipt this Period 250.00

c. Philip Justin Glassner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 Kingwood Stockton Rd
 City Stockton State NJ Zip Code 08559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hunterdon Ortho Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 20 / 2015
Transaction ID : 6729901
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 S Schultz MD
Full Name (Last, First, Middle Initial)

Mailing Address 2667 Weldon Rd

City Billings State MT Zip Code 59101

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

Name of Employer Billings Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 20 / 2015
Transaction ID : 6729904

Amount of Each Receipt this Period 250.00

B. Joshua Seth Rovner MD
Full Name (Last, First, Middle Initial)

Mailing Address 341 Mountain Rd.

City Englewood State NJ Zip Code 07631

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 01 / 20 / 2015
Transaction ID : 6729905

Amount of Each Receipt this Period 250.00

C. Kade T Huntsman MD
Full Name (Last, First, Middle Initial)

Mailing Address 1160 East 3900 South Ste 5000

City Salt Lake City State UT Zip Code 84124

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

Name of Employer Salt Lake Orthopaedic Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 01 / 20 / 2015
Transaction ID : 6729906

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 20 / 2015
Transaction ID : 6729909
 Amount of Each Receipt this Period
 500.00

B. Benjamin Shaffer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2021 K St NW Ste 516
 City State Zip Code
 Washington DC 20006-1003
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6730343
 Amount of Each Receipt this Period
 250.00

C. Andrew D Rah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26671 Mont Calabasas Dr
 City State Zip Code
 Calabasas CA 91302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Center for Orthopaedic Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6730344
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John Anthony Osterkamp MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1818 Verdugo Blvd Ste 402
 City Glendale State CA Zip Code 91208-1403
 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
 01 / 21 / 2015
Transaction ID : 6730346
 Amount of Each Receipt this Period
 250.00

B. Jeffrey Evan Budoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5349 Lynbrook Dr
 City Houston State TX Zip Code 77056-2004
 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
 01 / 21 / 2015
Transaction ID : 6730350
 Amount of Each Receipt this Period
 250.00

C. Brian J McGinley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Caterham Ln
 City East Setauket State NY Zip Code 11733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Long Island Bone & Joint
 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
 01 / 21 / 2015
Transaction ID : 6730354
 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 58 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Donald H Rosenbaum DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Shadowood Dr
 City Warner Robins State GA Zip Code 31088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dodge County 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 Y
 01 / 21 / 2015
Transaction ID : 6730357
 Amount of Each Receipt this Period
 250.00

B. Steven R Garfin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3386 Bayside Walk
 City San Diego State CA Zip Code 92109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCSD 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 Y
 01 / 21 / 2015
Transaction ID : 6730360
 Amount of Each Receipt this Period
 750.00

C. Guy Rutledge Fogel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 Candelaria
 City Helotes State TX Zip Code 78023
 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 Y
 01 / 21 / 2015
Transaction ID : 6730362
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Paul E Papierski MD
Full Name (Last, First, Middle Initial)

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 Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2015
Transaction ID : 6730391

Amount of Each Receipt this Period
300.00

B. C Perry Cooke III, MD
Full Name (Last, First, Middle Initial)

Mailing Address 6797 Knollwood Rd

City State Zip Code
Fayetteville NY 13066

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

Name of Employer Occupation
SOS Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2015
Transaction ID : 6730393

Amount of Each Receipt this Period
500.00

C. James A Moore MD
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1243

City State Zip Code
Southampton NY 11969-1243

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

Name of Employer Occupation
Southampton Hospital Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2015
Transaction ID : 6730394

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).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Frank A Luzi Jr, MD
Full Name (Last, First, Middle Initial)

Mailing Address 9660 Rocky Pt

City Clarence State NY Zip Code 14031-1588

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

Name of Employer Northtowns Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 21 / 2015
Transaction ID : 6730397

Amount of Each Receipt this Period 500.00

B. Christopher C Annunziata MD
Full Name (Last, First, Middle Initial)

Mailing Address 8005 Falstaff Rd

City Mc Lean State VA Zip Code 22102-2726

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

Name of Employer OrthoVirginia Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2015
Transaction ID : 6730398

Amount of Each Receipt this Period 250.00

C. Brian A Shaw MD
Full Name (Last, First, Middle Initial)

Mailing Address 8340 Westwood Rd

City Colorado Springs State CO Zip Code 80919-3243

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

Name of Employer Univ of Colorado Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt 01 / 21 / 2015
Transaction ID : 6730399

Amount of Each Receipt this Period 288.00

SUBTOTAL of Receipts This Page (optional).....▶ 1038.00

TOTAL This Period (last page this line 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 61 OF 563
(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 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 01 / 21 / 2015
Transaction ID : 6730403

Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial)
B. Joshua Pletka MD

Mailing Address 4535 Spruce Ridge Drive

City Manlius State NY Zip Code 13104

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

Name of Employer Upstate Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 21 / 2015
Transaction ID : 6730405

Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial)
C. William D Allen MD

Mailing Address 1430 My Drive

City Zanesville State OH Zip Code 43701

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

Name of Employer Orthopedic Associates of Zanesville Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2015
Transaction ID : 6730406

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James O Maher III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Peckham Ave
 City Newport State RI Zip Code 02840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 21 / 2015
Transaction ID : 6730407
 Amount of Each Receipt this Period 250.00

B. Richard D Guyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 W Parker Rd #200
 City Plano State TX Zip Code 75093
 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 01 / 21 / 2015
Transaction ID : 6730408
 Amount of Each Receipt this Period 500.00

C. Thomas John Noonan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Falcon Hills Dr
 City Highlands Ranch State CO Zip Code 80126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Steadman Hawkins Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 01 / 21 / 2015
Transaction ID : 6730409
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Steven M Sanders MD		Date of Receipt
Mailing Address 9124 Eagle Hills Dr		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Las Vegas	NV	89134
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6730410
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Orthopaedic Surgeon	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Russell G Tigges MD		Date of Receipt
Mailing Address 15 Stanford Court		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rhinebeck	NY	12572
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6730411
Name of Employer	Occupation	Amount of Each Receipt this Period
Orthopedic Associates, LLC	Orthopaedic Surgeon	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert S Adelaar MD		Date of Receipt
Mailing Address 10414 Cherokee Rd		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Richmond	VA	23235
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6730414
Name of Employer	Occupation	Amount of Each Receipt this Period
MCV Orthopaedics	Orthopaedic Surgeon	<input type="text" value="375.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1375.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Alexandra Elizabeth Page MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Coast Blvd Unit 12B
 City La Jolla State CA Zip Code 92037
 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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6730415
 Amount of Each Receipt this Period
250.00

B. David L Wiest MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3200 11th Street South #209
 City Fargo State ND Zip Code 58104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health 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
 01 / 21 / 2015
Transaction ID : 6730416
 Amount of Each Receipt this Period
250.00

C. Scott P Fischer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Cape Andover
 City Newport Beach State CA Zip Code 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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6730858
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Burnet Todd Clarke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4820 Bellechase
 City State Zip Code
 Beaumont TX 77706
 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 M / D D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6730859
 Amount of Each Receipt this Period
 250.00

B. Dirk H Alander MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1302 W Adams Ave
 City State Zip Code
 Kirkwood MO 63122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Louis University Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6730862
 Amount of Each Receipt this Period
 1000.00

C. Jonathan P Garino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 835 Stoke Road
 City State Zip Code
 Villanova PA 19085-2031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Pennsylvania Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2015
Transaction ID : 6730863
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David B Thordarson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 832 Hanley Ave
 City Los Angeles State CA Zip Code 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedars Sinai 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 Y
 01 / 21 / 2015
Transaction ID : 6730872
 Amount of Each Receipt this Period
250.00

B. Richard A Cautilli Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Pin Oak Dr
 City Langhorne State PA Zip Code 19047
 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 Y
 01 / 21 / 2015
Transaction ID : 6730874
 Amount of Each Receipt this Period
500.00

C. Thomas R Lyons MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1429 Seventh St
 City New Orleans State LA Zip Code 70115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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
 01 / 21 / 2015
Transaction ID : 6730876
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bradley Dean Crow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 846 Diablo Road
 City Danville State CA Zip Code 94526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Bay Sports Medicine 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 Y
 01 / 22 / 2015
Transaction ID : 6733296
 Amount of Each Receipt this Period
 300.00

B. Daniel J Karns MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2472 Beachwood Blvd
 City Beachwood State OH Zip Code 44122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Orthopaedics, Inc. 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
 01 / 22 / 2015
Transaction ID : 6733298
 Amount of Each Receipt this Period
 250.00

C. David J Caucci MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Stoney Creek Rd
 City Clarks Summit State PA Zip Code 18411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne Memorial Healthcare 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
 01 / 22 / 2015
Transaction ID : 6733299
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mahmood Jay Jazayeri MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1825 Via Coronel
 City Palos Verdes Estates State CA Zip Code 90274
 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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : 6733300
 Amount of Each Receipt this Period
 400.00

B. Mark S Topolski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 837 Olympic Drive
 City Onalaska State WI Zip Code 54650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Gunderson Lutheran Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : 6733302
 Amount of Each Receipt this Period
 250.00

C. George W Prutzman Jr, MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 William Bee Ririe Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : 6733303
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Stephen S Hurst MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 618 Gloucester Ln
 City State Zip Code
 Foster City CA 94404-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 San Mateo Orthopaedic Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : 6733304
 Amount of Each Receipt this Period
 250.00

B. Linda J Rasmussen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 649 Kanaha St
 City State Zip Code
 Kailua HI 96734-1941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Windward Ortho Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : 6733305
 Amount of Each Receipt this Period
 500.00

C. Daniel J Gallagher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4633 Wichers Dr Ste 100
 City State Zip Code
 Marrero LA 70072-3096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bone & Joint Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : 6733308
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Theodore W Parsons III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 817 Palms Road
 City Bloomfield Hills State MI Zip Code 48304-1908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Health System 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
 01 / 24 / 2015
Transaction ID : 6733622
 Amount of Each Receipt this Period
1000.00

B. Daniel C Farber MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Fairhill Rd
 City Wynnewood State PA Zip Code 19096-1804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Maryland School of Med 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
 01 / 24 / 2015
Transaction ID : 6733624
 Amount of Each Receipt this Period
500.00

C. Brian Keith Vickaryous MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3330 Lakeview Oaks Drive
 City Longwood State FL Zip Code 32779
 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 Y
 01 / 25 / 2015
Transaction ID : 6734055
 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Marc J Milia MD
Full Name (Last, First, Middle Initial)

Mailing Address 1386 Stanley

City Birmingham State MI Zip Code 48009

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 01 / 25 / 2015
Transaction ID : 6734059

Amount of Each Receipt this Period 250.00

B. D Kay Kirkpatrick MD
Full Name (Last, First, Middle Initial)

Mailing Address 2926 Ashebrooke Dr

City Marietta State GA Zip Code 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 01 / 27 / 2015
Transaction ID : 6751243

Amount of Each Receipt this Period 1000.00

C. Lawrence S Halperin MD
Full Name (Last, First, Middle Initial)

Mailing Address 408 Spring Valley Ln

City Altamonte Springs State FL Zip Code 32714

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

Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 27 / 2015
Transaction ID : 6752076

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John T Capo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 504 Observer Highway
 Unit 2
 City Hoboken State NJ Zip Code 07030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UMDNJ 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 Y
 01 / 27 / 2015
Transaction ID : 6752517
 Amount of Each Receipt this Period
350.00

B. William J Robb III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Indian Hill Rd
 City Winnetka State IL Zip Code 60093
 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 Y
 01 / 27 / 2015
Transaction ID : 6752532
 Amount of Each Receipt this Period
1000.00

C. John N Hall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3196 Turnberry Circle
 City Charlottesville State VA Zip Code 22911
 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
 01 / 28 / 2015
Transaction ID : 6752536
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gary Michael Sherman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9705 Redamar Dr
 City Hagerstown State MD Zip Code 21740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robinwood 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
 01 / 22 / 2015
Transaction ID : 6753223
 Amount of Each Receipt this Period
 250.00

B. Chris John Dangles MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1107 W University Ave
 City Champaign State IL Zip Code 61821
 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
 01 / 22 / 2015
Transaction ID : 6753228
 Amount of Each Receipt this Period
 250.00

C. Robert Gordon Veith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 650 Bellevue Way NE Unit 2404
 City Bellevue State WA Zip Code 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : 6753229
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 Thomas Fisher MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Thomas Johnson Dr
 City State Zip Code
 Frederick MD 21702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Frederick Memorial Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : 6753231
 Amount of Each Receipt this Period
 500.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : 6753233
 Amount of Each Receipt this Period
 250.00

C. Kenneth R Catalozzi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 216 East Shore Road
 City State Zip Code
 Jamestown RI 02835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 22 / 2015
Transaction ID : 6753234
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Robert A Gurtler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2192 Wagon Trail Rd
 City White Heath State IL Zip Code 61884
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carle Clinic 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 Y
 01 / 22 / 2015
Transaction ID : 6753236
 Amount of Each Receipt this Period
 250.00

B. David M Henneghan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2111 Shadow View Circle
 City Plover State WI Zip Code 54467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Klasinski 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 Y
 01 / 22 / 2015
Transaction ID : 6753239
 Amount of Each Receipt this Period
 500.00

C. Pamela E Glennon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4050 Ashland Ave
 City Wausau State WI Zip Code 54403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bone & Joint 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 Y
 01 / 22 / 2015
Transaction ID : 6753240
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas Atkins MD
Full Name (Last, First, Middle Initial)

Mailing Address 5N105 Burr Rd

City Saint Charles State IL Zip Code 60175

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

Name of Employer Fox Valley Orthopaedic Institute Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 22 / 2015
Transaction ID : 6753241

Amount of Each Receipt this Period
250.00

B. Susan E Stephens MD
Full Name (Last, First, Middle Initial)

Mailing Address 1776 Chartley

City Gates Mills State OH Zip Code 44040

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

Name of Employer The Institute for Spine, Inc Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 26 / 2015
Transaction ID : 6753281

Amount of Each Receipt this Period
250.00

C. Gregory K Johnson MD
Full Name (Last, First, Middle Initial)

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 Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 26 / 2015
Transaction ID : 6753282

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ariel Goldman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Woodbine Rd
 City Roslyn Heights State NY Zip Code 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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : 6753283
 Amount of Each Receipt this Period
500.00

B. John R Denton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1333A North Ave PMB 434
 City New Rochelle State NY Zip Code 10804-2120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 01 / 26 / 2015
Transaction ID : 6753284
 Amount of Each Receipt this Period
1000.00

C. William L Hennrikus Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Laurel Ridge Rd
 City Hershey State PA Zip Code 17033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Hershey Medical Ctr 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
 01 / 26 / 2015
Transaction ID : 6753285
 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Brian L Davison MD
Full Name (Last, First, Middle Initial)

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 01 / 26 / 2015
Transaction ID : 6753286

Amount of Each Receipt this Period 1000.00

B. David E Hassinger MD
Full Name (Last, First, Middle Initial)

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 Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 26 / 2015
Transaction ID : 6753287

Amount of Each Receipt this Period 1000.00

C. Timothy Charles Fitzgibbons MD
Full Name (Last, First, Middle Initial)

Mailing Address 9824 Nottingham Dr

City Omaha State NE Zip Code 68114

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

Name of Employer GIKK Orthopaedic Specialists Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2015
Transaction ID : 6753288

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)..... ▶

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

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

FOR LINE NUMBER: PAGE 80 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Christopher William Peer MD, MS
 Full Name (Last, First, Middle Initial)
 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 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 Y
 01 / 26 / 2015
Transaction ID : 6753289
 Amount of Each Receipt this Period
 250.00

B. Jeffrey C King MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7665 Finnagen Dr
 City Mattawan State MI Zip Code 49071-9541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronson Healthcare 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 Y
 01 / 26 / 2015
Transaction ID : 6753290
 Amount of Each Receipt this Period
 250.00

C. John P Lyden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Rm 355 West
 535 E 70th St
 City New York State NY Zip Code 10021-4892
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery 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
 01 / 26 / 2015
Transaction ID : 6753354
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David B Robie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6585 Plesenton Dr S
 City State Zip Code
 Worthington OH 43085-2944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic One Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : 6753355
 Amount of Each Receipt this Period
 500.00

B. John Fletcher Lovejoy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4106 Isle Vista Avenue
 City State Zip Code
 Belle Isle FL 32812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Nemours Children's Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : 6753358
 Amount of Each Receipt this Period
 250.00

C. Jay David Pond MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2729 Antero Dr.
 City State Zip Code
 Arlington TX 76006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Arlington Orthopaedic Associates Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : 6753359
 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	FOR LINE NUMBER: (check only one)	PAGE 82 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Alan T Kawaguchi MD			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 26 / 2015 Transaction ID : 6753364
Mailing Address 5121 Doverton Dr			Amount of Each Receipt this Period 300.00
City Stockton	State CA	Zip Code 95219	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
Name of Employer Alpine Orthopedic Medical Group	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Peter C Amadio MD			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 26 / 2015 Transaction ID : 6753365
Mailing Address 200 1st St S W			Amount of Each Receipt this Period 500.00
City Rochester	State MN	Zip Code 55905	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00	
Name of Employer Mayo Clinic	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Nathaniel J Stewart MD			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 26 / 2015 Transaction ID : 6753366
Mailing Address 2480 Fieldstone			Amount of Each Receipt this Period 400.00
City Eau Claire	State WI	Zip Code 54701	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00	
Name of Employer Chippewa Valley Orthopedic and Sports	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Matthew J Kirsch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1527 20th St NE
 City Byron State MN Zip Code 55920-6019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olmsted Medical 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
 01 / 26 / 2015
Transaction ID : 6753367
 Amount of Each Receipt this Period
 250.00

B. John Alexander Abraham MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Righters Mill Road
 City Gladwyne State PA Zip Code 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 Y
 01 / 26 / 2015
Transaction ID : 6753370
 Amount of Each Receipt this Period
 500.00

C. Richard Neal Wulff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10527 Everhart Bay Dr
 City Las Vegas State NV Zip Code 89135-1273
 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
 01 / 26 / 2015
Transaction ID : 6753371
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David E Ede MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 415 Morris St Ste 104
 City Charleston State WV Zip Code 25301-1840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 26 / 2015
Transaction ID : 6753373
 Amount of Each Receipt this Period 250.00

B. Junichi Tamai MD
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 26 / 2015
Transaction ID : 6753375
 Amount of Each Receipt this Period 500.00

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

Date of Receipt 01 / 26 / 2015
Transaction ID : 6753376
 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	FOR LINE NUMBER: (check only one)	PAGE 85 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Jack D Lennox DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 28100 Grand River Ste 209
 City Farmington Hills State MI Zip Code 48336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tri County 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 Y
 01 / 26 / 2015
Transaction ID : 6753377
 Amount of Each Receipt this Period
 500.00

B. Gerald Q Greenfield Jr, MD
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : 6753441
 Amount of Each Receipt this Period
 250.00

C. Vincent J Russo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10290 N 92nd St Ste 103
 City Scottsdale State AZ Zip Code 85258-4508
 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
 01 / 26 / 2015
Transaction ID : 6753448
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : 6753449
 Amount of Each Receipt this Period
 250.00

B. James M Donley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5002 Lago dr
 City Madisonville State KY Zip Code 42431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Health Madisonville 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
 01 / 26 / 2015
Transaction ID : 6753452
 Amount of Each Receipt this Period
 250.00

C. Michael McNamara MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 West 100th Ave
 City Anchorage State AK Zip Code 99515
 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 Y
 01 / 26 / 2015
Transaction ID : 6753453
 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: (check only one)	PAGE 87 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Robert Hall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9875 Middle Rock Road
 City Anchorage State AK Zip Code 99507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Physicians Anchorage 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
 01 / 26 / 2015
Transaction ID : 6753454
 Amount of Each Receipt this Period
250.00

B. Ray M Fitzgerald MD
 Full Name (Last, First, Middle Initial)
 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 Retired 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
 01 / 26 / 2015
Transaction ID : 6753455
 Amount of Each Receipt this Period
500.00

C. William L Oppenheim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Outrigger Mall
 City Marina Del Rey State CA Zip Code 90292-6795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCLA Medical 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
 01 / 26 / 2015
Transaction ID : 6753459
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David B Coward MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2801 K St Ste 310
 City Sacramento State CA Zip Code 95816-5119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sacramento Knee & Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 26 / 2015
Transaction ID : 6753462
 Amount of Each Receipt this Period 250.00

B. William A Leone MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3111 NE 27th Ave
 City Lighthouse Point State FL Zip Code 33064-8107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Holy Cross Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 01 / 26 / 2015
Transaction ID : 6753464
 Amount of Each Receipt this Period 500.00

C. Bryan Scott Kamps MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3741 Monarch Dr NE
 City Grand Rapids State MI Zip Code 49525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spectrum Health Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

Date of Receipt 01 / 28 / 2015
Transaction ID : 6753911
 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	FOR LINE NUMBER: (check only one)	PAGE 89 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Peter D Vizzi MD			Date of Receipt
Mailing Address 318 Beverly Drive			<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6756097
Lafayette	LA	70503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. William B Stetson MD			Date of Receipt
Mailing Address 228 20th Street			<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6756098
Manhattan Beach	CA	90266	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Steven Tradonsky MD			Date of Receipt
Mailing Address 7485 Mission Valley Rd Ste 104			<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6756099
San Diego	CA	92108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
California Orthopaedic Institute	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Steven Douglas Sides MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5321 West B St
 City State Zip Code
 Greeley CO 80634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Banner 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 Y
 01 / 26 / 2015
Transaction ID : 6756100
 Amount of Each Receipt this Period
 250.00

B. Kirk Allen Reynolds MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 N Ridge Road
 City State Zip Code
 Little Rock AR 72207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Arkansas Specialty 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 Y
 01 / 26 / 2015
Transaction ID : 6756101
 Amount of Each Receipt this Period
 500.00

C. Patrick A Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Westview Terrace
 City State Zip Code
 Columbia MO 65203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Columbia Orthopaedic Group 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 Y
 01 / 26 / 2015
Transaction ID : 6756102
 Amount of Each Receipt this Period
 225.00

SUBTOTAL of Receipts This Page (optional).....▶	975.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ajoy K Jana MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15902 Patrick Ave
 City Omaha State NE Zip Code 68116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Physicians 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 Y
 01 / 26 / 2015
Transaction ID : 6756103
 Amount of Each Receipt this Period
 300.00

B. Dean R Schueller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1778 Sheridan
 City Ann Arbor State MI Zip Code 48104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ann Arbor 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 Y
 01 / 26 / 2015
Transaction ID : 6756108
 Amount of Each Receipt this Period
 1000.00

c. Christopher John Lang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1215 W Chaucer
 City Spokane State WA Zip Code 99208-8675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spokane 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 Y
 01 / 26 / 2015
Transaction ID : 6756109
 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	FOR LINE NUMBER: (check only one)	PAGE 92 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Paul Andrew Puckett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2204 Fox Hollow Rd
 City Missoula State MT Zip Code 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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : 6756110
 Amount of Each Receipt this Period
500.00

B. Elizabeth A Arendt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ortho Surgery
 2512 S 7th St Ste 200
 City Minneapolis State MN Zip Code 55454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Minnesota 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 Y
 01 / 26 / 2015
Transaction ID : 6756111
 Amount of Each Receipt this Period
500.00

C. Joel Wolfe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6645 Forest Beach Dr
 City Holland State MI Zip Code 49423-8993
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shoreline 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
 01 / 26 / 2015
Transaction ID : 6756114
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Randall Evan Marcus MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13467 North Park Lane
 City Cleveland State OH Zip Code 44188
 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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : 6756116
 Amount of Each Receipt this Period
250.00

B. Andrew T Brooks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1412 Exeter Ct
 City Davis State CA Zip Code 95618
 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 Y
 01 / 26 / 2015
Transaction ID : 6756142
 Amount of Each Receipt this Period
225.00

C. Lawrence D Lieber MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Woodland Ave
 City Hinsdale State IL Zip Code 60521-4847
 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 **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : 6756143
 Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ben R Mayne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2477 E Ravenwood Dr
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015
Transaction ID : 6756153
 Amount of Each Receipt this Period
 250.00

B. A Herbert Alexander MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Defiance P.O. Box 1657
 City Sun Valley State ID Zip Code 83353
 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
 01 / 26 / 2015
Transaction ID : 6756157
 Amount of Each Receipt this Period
 250.00

C. James C Murphy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Hospital Dr Ste 304
 City Glen Burnie State MD Zip Code 21061
 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
 01 / 29 / 2015
Transaction ID : 6756472
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Anthony R Marino MD
Full Name (Last, First, Middle Initial)

Mailing Address 12 Misty Lane

City Londonderry State NH Zip Code 03053-2675

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

Name of Employer New Hampshire Orthopedic 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 Y
 01 / 27 / 2015
Transaction ID : 6756488

Amount of Each Receipt this Period
 500.00

B. Gary Drillings MD
Full Name (Last, First, Middle Initial)

Mailing Address 10 Nelson Lane

City Montville State NJ Zip Code 07045

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 Y
 01 / 27 / 2015
Transaction ID : 6756490

Amount of Each Receipt this Period
 500.00

C. Matthew R Steensma MD
Full Name (Last, First, Middle Initial)

Mailing Address 2729 Railside Ct

City Byron Center State MI Zip Code 49315

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

Name of Employer Spectrum Health 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 Y
 01 / 27 / 2015
Transaction ID : 6756492

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Donald S Bae MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Jefferson Road
 City Chestnut Hill State MA Zip Code 02467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston Children's 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 Y
 01 / 27 / 2015
Transaction ID : 6756493
 Amount of Each Receipt this Period
 500.00

B. Alfred V Hess MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 S Dundee St
 City Tampa State FL Zip Code 33629-6408
 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 Y
 01 / 27 / 2015
Transaction ID : 6756494
 Amount of Each Receipt this Period
 1000.00

C. Isador H Lieberman MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 W Parker Rd Ste 200
 Scoliosis and Spine Tumor Center
 City Plano State TX Zip Code 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : 6759913
 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 563
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Edward Diao MD
Full Name (Last, First, Middle Initial)

Mailing Address 2440 Jackson Street

City San Francisco State CA Zip Code 94115

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
01 / 27 / 2015
Transaction ID : 6759914

Amount of Each Receipt this Period
500.00

B. Richard A Kube MD
Full Name (Last, First, Middle Initial)

Mailing Address 212 W Ravinswood Rd

City Peoria State IL Zip Code 61615

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

Name of Employer Occupation
Prairie Spine & Pain Institute Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 27 / 2015
Transaction ID : 6759915

Amount of Each Receipt this Period
500.00

C. Kenneth Sabbag MD
Full Name (Last, First, Middle Initial)

Mailing Address 800 S Raymond St Ste 300

City Pasadena State CA Zip Code 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 ▼
250.00

Date of Receipt
01 / 27 / 2015
Transaction ID : 6759916

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael R Clain MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Indian Head Rd
 City Riverside State CT Zip Code 06878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ONS 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
 01 / 27 / 2015
Transaction ID : 6759918
 Amount of Each Receipt this Period
 1000.00

B. Donald A Mitzelfelt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2351 Broadway
 City Pekin State IL Zip Code 61554-6300
 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 M / D D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : 6759920
 Amount of Each Receipt this Period
 1000.00

C. Bok Yull Choi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7117 brockton ave
 City Riverside State CA Zip Code 92506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverside Medical Clinic 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
 01 / 27 / 2015
Transaction ID : 6759921
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 563
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Craig Silverton DO

Mailing Address Dept of Ortho
2799 W Grand Blvd K-12

City State Zip Code
Detroit MI 48202

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

Name of Employer Occupation
Henry Ford Hospital Osteopathic Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 27 / 2015
Transaction ID : 6759922

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Asif M Ilyas MD

Mailing Address 1005 Whitegate Rd

City State Zip Code
Wayne PA 19087-2182

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
01 / 27 / 2015
Transaction ID : 6759933

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Stephen C Weber MD

Mailing Address 2801 K St Ste 310

City State Zip Code
Sacramento CA 95816-5119

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
01 / 27 / 2015
Transaction ID : 6760175

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. J Wills Oglesby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 21st Ave N
 City Nashville State TN Zip Code 37203-1821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tennessee Orthopaedic Clinics 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
 01 / 27 / 2015
Transaction ID : 6760176
 Amount of Each Receipt this Period
 500.00

B. Sanford E Emery MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3958 Eastlake Dr
 City Morgantown State WV Zip Code 26508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Virginia University 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
 01 / 27 / 2015
Transaction ID : 6760179
 Amount of Each Receipt this Period
 250.00

C. John J Cambareri MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 Feldspar Dr
 City Syracuse State NY Zip Code 13219
 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 M / D D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : 6760180
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kent Jason Lowry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3746 N Faust Lake Rd
 City State Zip Code
 Rhinelander WI 54501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ministry Health Care Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : 6760181
 Amount of Each Receipt this Period
 500.00

B. Theodore Thomas Manson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 Muirfield Close
 City State Zip Code
 Bel Air MD 21015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of MD Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : 6760182
 Amount of Each Receipt this Period
 500.00

C. Fred G Corley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 E Edgewood
 City State Zip Code
 San Antonio TX 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ of Texas Health Science Ctr Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : 6760183
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Peter T Hurley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2048 2nd St N.W.
 City State Zip Code
 Hickory NC 28601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ortho Carolina Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : 6760184
 Amount of Each Receipt this Period
 250.00

B. Paul P Harasimowicz III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 Groton Rd Ste 160
 City State Zip Code
 Ayer MA 01432-1124
 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
 01 / 27 / 2015
Transaction ID : 6760188
 Amount of Each Receipt this Period
 250.00

c. Matthew John Weresh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6001 Westown Pkwy
 City State Zip Code
 West Des Moines IA 50266-7702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Des Moines Ortho Surgeons Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : 6760192
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 563
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeffrey H Berg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1860 Town Center Dr Ste 300
 City Reston State VA Zip Code 20190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Town Center Ortho 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 Y
 01 / 27 / 2015
Transaction ID : 6760193
 Amount of Each Receipt this Period
 250.00

B. John Kirk Drake MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12018 Oak Hollow
 City Vancleave State MS Zip Code 39565
 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 Y
 01 / 27 / 2015
Transaction ID : 6760194
 Amount of Each Receipt this Period
 500.00

C. Joseph P Burns MD
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : 6760221
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John A Repicci MD			Date of Receipt M M / D D / Y Y Y Y Y 01 / 27 / 2015 Transaction ID : 6760222
Mailing Address 4510 Main St			Amount of Each Receipt this Period 500.00
City Buffalo	State NY	Zip Code 14226-3800	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Michele A Prevost MD			Date of Receipt M M / D D / Y Y Y Y Y 01 / 27 / 2015 Transaction ID : 6760225
Mailing Address P.O. Box 709			Amount of Each Receipt this Period 250.00
City Antigo	State WI	Zip Code 54409-0709	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Aspirus Clinic		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ronald M Carn MD			Date of Receipt M M / D D / Y Y Y Y Y 01 / 27 / 2015 Transaction ID : 6760227
Mailing Address 1755 East St			Amount of Each Receipt this Period 500.00
City Redding	State CA	Zip Code 96001-1106	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Julio Gonzalez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 Bayside Dr.
 City Venice State FL Zip Code 34285
 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 M / D D D / Y Y Y Y Y Y
 01 / 27 / 2015
Transaction ID : 6760228
 Amount of Each Receipt this Period
 250.00

B. James W Nichols DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 Mill St
 City Camden State SC Zip Code 29020-3712
 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 M / D D D / Y Y Y Y Y Y
 01 / 28 / 2015
Transaction ID : 6760253
 Amount of Each Receipt this Period
 1000.00

C. Raymond M P Sherman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 865 East Sawgrass Trail
 City Dakota Dunes State SD Zip Code 57049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CNOS
 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
 01 / 28 / 2015
Transaction ID : 6760254
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Joseph G Martin MD
 Full Name (Last, First, Middle Initial)
 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 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 Y
 01 / 28 / 2015
Transaction ID : 6760255
 Amount of Each Receipt this Period
 1000.00

B. Ronald M Carn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1755 East St
 City Redding State CA Zip Code 96001-1106
 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 Y
 01 / 28 / 2015
Transaction ID : 6760258
 Amount of Each Receipt this Period
 500.00

C. Paul David Peterson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5126 E 106th St
 City Tulsa State OK Zip Code 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tulsa Bone & Joint 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 Y
 01 / 28 / 2015
Transaction ID : 6760261
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James D McKinney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3131 Brown's Mill Rd
 City Cookeville State TN Zip Code 38506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tier 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 Y
 01 / 28 / 2015
Transaction ID : 6760262
 Amount of Each Receipt this Period
500.00

B. Richard Lee Parker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Dowling Ct
 City Old Westbury State NY Zip Code 11568
 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
 01 / 28 / 2015
Transaction ID : 6760263
 Amount of Each Receipt this Period
250.00

C. Peter W Gilmer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3211 Moore's Mill Rd
 City Rougemont State NC Zip Code 27572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Triangle 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 Y
 01 / 28 / 2015
Transaction ID : 6760266
 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	FOR LINE NUMBER: (check only one)	PAGE 109 OF 563
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James Huddleston DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 629 Bartson
 City State Zip Code
 Fremont OH 43420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northern Ohio Medical Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2015
Transaction ID : 6760269
 Amount of Each Receipt this Period
 250.00

B. Thomas Blake Viehe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address W287N6331 Broadwing Ct
 City State Zip Code
 Hartland WI 53029
 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 M / D D D / Y Y Y Y Y Y
 01 / 30 / 2015
Transaction ID : 6761906
 Amount of Each Receipt this Period
 500.00

C. Samuel Edwin Murrell III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3946 Grandview Avenue
 City State Zip Code
 Memphis TN 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoMemphis Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2015
Transaction ID : 6762470
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Michael A Thorpe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2979 Squalicum Pkwy Ste 203
 City Bellingham State WA Zip Code 98225-1813
 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 Y
 02 / 03 / 2015
Transaction ID : 6768614
 Amount of Each Receipt this Period
 500.00

B. Gregory B Krivchenia II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Grand Central Ave. Suite 6
 City Vienna State WV Zip Code 26105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Settlement Orthopaedics, 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 Y
 02 / 03 / 2015
Transaction ID : 6768623
 Amount of Each Receipt this Period
 1000.00

c. John Grady-Benson MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015
Transaction ID : 6769549
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 111 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Frank V Aluisio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Nolen Ct
 City Greensboro State NC Zip Code 27408-3184
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015
Transaction ID : 6769751
 Amount of Each Receipt this Period
 1000.00

B. Edward R McDevitt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3116 Drogue Ct
 City Annapolis State MD Zip Code 21403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Area 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 Y
 02 / 04 / 2015
Transaction ID : 6769760
 Amount of Each Receipt this Period
 1000.00

C. Baron Lonner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 820 Second Avenue Suite 7A
 City New York State NY Zip Code 10017
 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 Y
 02 / 04 / 2015
Transaction ID : 6769920
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 112 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James A Slough MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 Rivermist Drive
 City Buffalo State NY Zip Code 14202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Excelsior Orthopaedics 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
 02 / 04 / 2015
Transaction ID : 6770320
 Amount of Each Receipt this Period
 1000.00

B. Scott D Gudeman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3132 Golfview Dr
 City Greenwood State IN Zip Code 46143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortholndy 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
 02 / 05 / 2015
Transaction ID : 6770971
 Amount of Each Receipt this Period
 500.00

c. Charles L Sullivan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8815 Pickering
 City Missoula State MT Zip Code 59808
 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 M / D D D / Y Y Y Y Y Y
 02 / 06 / 2015
Transaction ID : 6771277
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 563
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Paul Calvin Collins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 W Sandstone Ct
 City Boise State ID Zip Code 83702-6509
 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
 02 / 06 / 2015
Transaction ID : 6771293
 Amount of Each Receipt this Period
 1000.00

B. Nick M DiGiovine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 Two Bit Ln
 City Butte State MT Zip Code 59701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Montana Orthopaedics 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
 02 / 03 / 2015
Transaction ID : 6773757
 Amount of Each Receipt this Period
 1000.00

c. Joseph Andrew Mannino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Tamarack Lane
 City Trumansburg State NY Zip Code 14886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cayuga Med 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 Y
 02 / 03 / 2015
Transaction ID : 6773758
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John Derrell Foote MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4978 Eagleview Ct
 City Fruitland State ID Zip Code 83619-5001
 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
 02 / 03 / 2015
Transaction ID : 6773760
 Amount of Each Receipt this Period
 250.00

B. Eugene Lewis Heiman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3010 McDonald Ct.
 City Woodlands State TX Zip Code 77380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Woodlands Sports Medicine 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
 02 / 03 / 2015
Transaction ID : 6773761
 Amount of Each Receipt this Period
 500.00

C. Alan W Christensen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 W. Crystal Lake St. Suite 200
 City Orlando State FL Zip Code 32806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orlando 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 Y
 02 / 03 / 2015
Transaction ID : 6773765
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeffrey John Anderson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 O'Connor Dr
 City San Jose State CA Zip Code 95128-1623
 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 Y
 02 / 03 / 2015
Transaction ID : 6773766
 Amount of Each Receipt this Period
500.00

B. Richard J. Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 1202 Barclay Cir
 City Inverness State IL Zip Code 60010-5263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Orthopaedic Surg Occupation Chief Financial Officer
 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
 02 / 03 / 2015
Transaction ID : 6773783
 Amount of Each Receipt this Period
250.00

C. Jack R Steel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 630 Fern Street
 City Huntington State WV Zip Code 25701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott Orthopedic 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
 02 / 03 / 2015
Transaction ID : 6773785
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 563
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeffery J Soldatis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Sugarbush Dr
 City Zionsville State IN Zip Code 46077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedics Indianapolis 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
 02 / 05 / 2015
Transaction ID : 6779140
 Amount of Each Receipt this Period
 1000.00

B. Leigh Brezenoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Ventres Way
 City Burlington State CT Zip Code 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : 6779141
 Amount of Each Receipt this Period
 500.00

C. Gary Dean Harter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Countryside Ln
 City Lewisburg State PA Zip Code 17837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Geisinger Medical Center 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
 02 / 05 / 2015
Transaction ID : 6779142
 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt **02 / 05 / 2015**
Transaction ID : 6779143
 Amount of Each Receipt this Period **1000.00**

B. Harry C Eschenroeder Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1946 Royal Oak Dr
 City Lynchburg State VA Zip Code 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 **02 / 05 / 2015**
Transaction ID : 6779144
 Amount of Each Receipt this Period **500.00**

C. Lawrence S Halperin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Spring Valley Ln
 City Altamonte Springs State FL Zip Code 32714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 05 / 2015**
Transaction ID : 6779146
 Amount of Each Receipt this Period **700.00**

SUBTOTAL of Receipts This Page (optional)..... **2200.00**
TOTAL This Period (last page this line 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 118 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John E Kilgore MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1336 Indian Rocks Rd
 City Belleair State FL Zip Code 33756-1058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Association of West Florid 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
 02 / 05 / 2015
Transaction ID : 6779147
 Amount of Each Receipt this Period
 1000.00

B. David Cautilli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 Cottonwood Dr
 City Langhorne State PA Zip Code 19047
 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 M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : 6779148
 Amount of Each Receipt this Period
 500.00

C. Matthew R Brand MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Finger Lake 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : 6779149
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 563
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Ricardo J Rodriguez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6666 Pikes Lane
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 02 / 05 / 2015
Transaction ID : 6779151
 Amount of Each Receipt this Period
 250.00

B. Shana N Miskovsky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18300 Shaker Blvd
 City Shaker Heights State OH Zip Code 44120-1757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Hospitals of Cleveland 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
 02 / 05 / 2015
Transaction ID : 6779154
 Amount of Each Receipt this Period
 250.00

C. Pat D Do MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8300 Steeplechase St
 City Wichita State KS Zip Code 67206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid America Orthopedics 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 Y
 02 / 05 / 2015
Transaction ID : 6779156
 Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Andrew W Piasecki MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 Mill St
 City Camden State SC Zip Code 29020
 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 M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6779185
 Amount of Each Receipt this Period
 1000.00

B. Todd Michael Oliver MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8295 W Hwy UU
 City Columbia State MO Zip Code 65203
 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 M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6779186
 Amount of Each Receipt this Period
 250.00

C. Cody Neal Anderson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7510 Pecan Hill Cove
 City Tyler State TX Zip Code 75703-0934
 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
 02 / 02 / 2015
Transaction ID : 6779192
 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**

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

FOR LINE NUMBER: PAGE 121 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Thomas David Greider MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5210 Brae Burn
 City State Zip Code
 Bellaire TX 77401
 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 M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6779212
 Amount of Each Receipt this Period
 300.00

B. Joseph H Wombwell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4715 John Scott Drive
 City State Zip Code
 Lynchburg VA 24503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Center of Central Virginia Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6779213
 Amount of Each Receipt this Period
 250.00

C. Gautham Gondi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 Atherholt Rd
 City State Zip Code
 Lynchburg VA 24501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ortho Center of Central Virginia Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6779214
 Amount of Each Receipt this Period
 500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Joseph W Dryer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 77 Huron Dr
 City Chatham State NJ Zip Code 07928-1205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYU Medical 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
 02 / 02 / 2015
Transaction ID : 6779215
 Amount of Each Receipt this Period
250.00

B. Jeremy Russell DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8000 Woodbine Ln
 City Wausau State WI Zip Code 54401-8459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Assoc of Wausau 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 Y
 02 / 02 / 2015
Transaction ID : 6779216
 Amount of Each Receipt this Period
225.00

C. Matthew E Wells MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 444 Hendricks Isle Unit 304
 City Fort Lauderdale State FL Zip Code 33301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Florida 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
 02 / 02 / 2015
Transaction ID : 6779217
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	725.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Steven M Mulawka MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 Connecticut Ave S
 City Sartell State MN Zip Code 56377
 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 M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6779218
 Amount of Each Receipt this Period
 500.00

B. Mark E Baratz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Oxford Dr Suite 510
 City Bethel Park State PA Zip Code 15102-1979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Pittsburgh Medical Cente Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6779219
 Amount of Each Receipt this Period
 500.00

c. Charles Francis Mess Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12470 Petrillo Dr
 City Highland State MD Zip Code 20777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Potomac Valley Ortho Assoc Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6779222
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard M Little MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1313
 City Spearfish State SD Zip Code 57783-7313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regional Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 02 / 2015**
Transaction ID : 6779223
 Amount of Each Receipt this Period **1000.00**

B. Christopher Jordan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12440 NE 10th
 City Choctaw State OK Zip Code 73020
 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 **02 / 02 / 2015**
Transaction ID : 6779224
 Amount of Each Receipt this Period **500.00**

C. Paul D Shirley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2627 Riverside Ave.
 City Jacksonville State FL Zip Code 32204-4712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeastern Ortho Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 02 / 2015**
Transaction ID : 6779246
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jonathan P Keeve MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12410 E. Sinto Ave
 Suite 201
 City Spokane Valley State WA Zip Code 99216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NWOS 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
 02 / 02 / 2015
Transaction ID : 6779248
 Amount of Each Receipt this Period
 250.00

B. Kenneth R Zaslav MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7858 Shrader Rd
 City Richmond State VA Zip Code 23294
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6779250
 Amount of Each Receipt this Period
 250.00

C. Jordan Mills Lisella MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Liberty Way
 City Loudonville State NY Zip Code 12211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Region Orthopaedics 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
 02 / 02 / 2015
Transaction ID : 6779252
 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: (check only one)	PAGE 126 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joshua Jon Rother MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4973 Greystone St
 City Hermantown State MN Zip Code 55811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Association of Duluth 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
 02 / 02 / 2015
Transaction ID : 6779254
 Amount of Each Receipt this Period
 500.00

B. Eduardo Agustin Salvati MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Sutton Pl S Ph G
 City New York State NY Zip Code 10022-2459
 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6779255
 Amount of Each Receipt this Period
 1000.00

C. T Clark Robinson MD
 Full Name (Last, First, Middle Initial)
 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 Self Employed 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
 02 / 02 / 2015
Transaction ID : 6779256
 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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 127 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kenneth C Sands MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6985 S Tropical Trail
 City Merritt Island State FL Zip Code 32952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health First 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
02 / 02 / 2015
Transaction ID : 6779257
 Amount of Each Receipt this Period
1000.00

B. Brian A Murphy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3803 Highknob Circle
 City Naperville State IL Zip Code 60564
 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 M / D D D / Y Y Y Y Y Y
02 / 02 / 2015
Transaction ID : 6779258
 Amount of Each Receipt this Period
1000.00

C. Thomas J Dowling Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 763 Larkfield Rd 2nd Fl
 City Commack State NY Zip Code 11725-3131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Long Island Spine Specialists 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
02 / 02 / 2015
Transaction ID : 6779259
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Steven B Wertheim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Old Stratton Chase NW
 City Atlanta State GA Zip Code 30328-3652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 02 / 02 / 2015
Transaction ID : 6779260
 Amount of Each Receipt this Period
 1000.00

B. Brian Makhuli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1748 Woodwalk Creek
 City Atlanta State GA Zip Code 30339
 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 Y
 02 / 02 / 2015
Transaction ID : 6779261
 Amount of Each Receipt this Period
 1000.00

C. Philip Alan Sobol MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3230 Iredell Lane
 City Studio City State CA Zip Code 91604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sobol Orthopaedic Med-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 Y
 02 / 02 / 2015
Transaction ID : 6779262
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Michael C Momont MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 Marshall Street
 City Duluth State MN Zip Code 55803
 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 **02 / 02 / 2015**
Transaction ID : 6779264
 Amount of Each Receipt this Period **1000.00**

B. Drew V Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 465 Windship Pl
 City Atlanta State GA Zip Code 30327
 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 **02 / 02 / 2015**
Transaction ID : 6779265
 Amount of Each Receipt this Period **500.00**

C. Lowry Jones Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2609 W 65th St
 City Mission Hills State KS Zip Code 66208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dickson Diveley Midwest Ortho Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 02 / 2015**
Transaction ID : 6779266
 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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 563		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. James K Mantone MD
 Full Name (Last, First, Middle Initial)
 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 Orthopaedic Center of the Dakotas Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 02 / 2015
Transaction ID : 6779267
 Amount of Each Receipt this Period 500.00

B. Andrew Miller Cash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9339 W. Sunset Rd 100
 City Las Vegas State NV Zip Code 89148-4847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Desert Spine Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 02 / 2015
Transaction ID : 6779268
 Amount of Each Receipt this Period 400.00

C. Richard John Wyzykowski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 Murcia Ct
 City Danville State CA Zip Code 94506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Muir Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 06 / 2015
Transaction ID : 6779295
 Amount of Each Receipt this Period 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Wilford K Gibson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4003 Arrowhead Point Ct
 City Virginia Beach State VA Zip Code 23455-4452
 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 ▼ 1000.00

Date of Receipt 02 / 08 / 2015
Transaction ID : 6779398
 Amount of Each Receipt this Period 1000.00

B. David M Lintner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4115 Merrick Street
 City Houston State TX Zip Code 77025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2015
Transaction ID : 6783481
 Amount of Each Receipt this Period 500.00

C. Brian R Wolf MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 66 Crabapple Ct
 City Iowa City State IA Zip Code 52246-9407
 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 ▼ 250.00

Date of Receipt 02 / 03 / 2015
Transaction ID : 6783652
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Douglas S Musgrave MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15800 NW Fair Acres Dr
 City Vancouver State WA Zip Code 98685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rebound 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 Y
 02 / 03 / 2015
Transaction ID : 6783665
 Amount of Each Receipt this Period
 500.00

B. Niels J Linschoten MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11428 Center Court Blvd
 City Baton Rouge State LA Zip Code 70810
 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015
Transaction ID : 6783667
 Amount of Each Receipt this Period
 600.00

C. Sean David Toomey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Crescent Key
 City Bellevue State WA Zip Code 98006-1009
 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
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015
Transaction ID : 6783669
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 563
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		<input type="checkbox"/> 17

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

A. Ken J Noonan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Department of Ortho & Rehab
 1685 Highland Ave 6th Flr MFCB
 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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 03 / 2015
Transaction ID : 6783671
 Amount of Each Receipt this Period
250.00

B. Paul C Perlik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 Dilworth Crescent Row
 City Charlotte State NC Zip Code 28203-4866
 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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 03 / 2015
Transaction ID : 6783672
 Amount of Each Receipt this Period
500.00

C. Rolando Colon-Nebot MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 668
 City Arecibo State PR Zip Code 00613-0668
 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
 02 / 03 / 2015
Transaction ID : 6783674
 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	FOR LINE NUMBER: (check only one)	PAGE 134 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Shafic A Sraj MD
Full Name (Last, First, Middle Initial)

Mailing Address 44 Overlook Dr.

City Bridgeport State WV Zip Code 26330-1022

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

Name of Employer Stonewall Jackson Memorial Hospital Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
02 / 02 / 2015
Transaction ID : 6783694

Amount of Each Receipt this Period
500.00

B. Joseph B Chalal MD
Full Name (Last, First, Middle Initial)

Mailing Address 1005 Brooks Lane

City Delray Beach State FL Zip Code 33483

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 02 / 2015
Transaction ID : 6783695

Amount of Each Receipt this Period
250.00

C. Rick W Wright MD
Full Name (Last, First, Middle Initial)

Mailing Address Department of Orthopaedic Surgery
660 South Euclid Avenue, Campus Bo

City Saint Louis State MO Zip Code 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 ▼ 250.00

Date of Receipt
02 / 02 / 2015
Transaction ID : 6783696

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Henry G Chambers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5458 Sandburg Ave
 City San Diego State CA Zip Code 92122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of California 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
 02 / 02 / 2015
Transaction ID : 6783698
 Amount of Each Receipt this Period
 250.00

B. Thomas J Mathews MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2200 Forest Ridge Pkwy Ste 240
 City New Castle State IN Zip Code 47362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry County 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 Y
 02 / 02 / 2015
Transaction ID : 6783699
 Amount of Each Receipt this Period
 250.00

C. Douglas W Pahl MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6500-1 Green Island Drive
 City Columbus State GA Zip Code 31904
 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 Y
 02 / 02 / 2015
Transaction ID : 6783701
 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: (check only one)	PAGE 136 OF 563
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kevin James Murphy MD
Full Name (Last, First, Middle Initial)

Mailing Address 6228 SW Sweetbriar Court

City Portland State OR Zip Code 97221

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

Name of Employer Sports Medicine Oregon 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
 02 / 02 / 2015
Transaction ID : 6783702

Amount of Each Receipt this Period
 1000.00

B. David F Bindelglass MD
Full Name (Last, First, Middle Initial)

Mailing Address 75 Kings Hwy Cutoff Ste 100

City Fairfield State CT Zip Code 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6783703

Amount of Each Receipt this Period
 1000.00

C. Scott A McPherson MD
Full Name (Last, First, Middle Initial)

Mailing Address 5000 S Jasmine Trail

City Sioux Falls State SD Zip Code 57108

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

Name of Employer CORE Orthopaedics 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
 02 / 02 / 2015
Transaction ID : 6783704

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kimberly Lee Furry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Rio Vista Cir
 City Durango State CO Zip Code 81301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Durango Orthopaedic Associates 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
 02 / 02 / 2015
Transaction ID : 6783705
 Amount of Each Receipt this Period
 1000.00

B. Joshua J Jacobs MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6783706
 Amount of Each Receipt this Period
 1000.00

C. Richard A Rosa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Fairfield Dr
 City Short Hills State NJ Zip Code 07078
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6783714
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 563
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Laura Lowe Tosi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3729 Harrison St NW
 City Washington State DC Zip Code 20015-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CNHC 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
 02 / 02 / 2015
Transaction ID : 6783715
 Amount of Each Receipt this Period
 1000.00

B. Charles M Blitzer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Canney Rd
 City Durham State NH Zip Code 03824
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6783716
 Amount of Each Receipt this Period
 1000.00

C. Peter J Stern MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5780 Drewry Farm Lane
 City Cincinnati State OH Zip Code 45267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UC Health 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
 02 / 02 / 2015
Transaction ID : 6783717
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 563
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Renny Uppal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1730 Sharpe Hill Circle
 City Reno State NV Zip Code 89523-3924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Reno Orthopedic Clinic 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
 02 / 02 / 2015
Transaction ID : 6783718
 Amount of Each Receipt this Period
 1000.00

B. Kevin E Coates MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9344 Ingleside Farm N
 City Germantown State TN Zip Code 38139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MSK Group 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
 02 / 02 / 2015
Transaction ID : 6783719
 Amount of Each Receipt this Period
 1000.00

C. John J Callahan Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Braunview Way
 City Orchard Park State NY Zip Code 14127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Excelsior Orthopaedics 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
 02 / 02 / 2015
Transaction ID : 6783720
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael Marks MBA, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Marine Ave
 City Westport State CT Zip Code 06880-6923
 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 M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6783721
 Amount of Each Receipt this Period
 1000.00

B. Jesse Ellis Templeton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2906 Nottingham Drive
 City Parma State OH Zip Code 44134
 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 M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6783722
 Amount of Each Receipt this Period
 1000.00

C. Kirk Kindsfater MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16285 CR 76
 City Eaton State CO Zip Code 80615
 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 M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6783723
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Howard G Miller MD
Full Name (Last, First, Middle Initial)

Mailing Address 199 Ledge View Drive

City Huntsville State AL Zip Code 35802-1481

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

Name of Employer The Orthopaedic Center 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
 02 / 02 / 2015
Transaction ID : 6783724

Amount of Each Receipt this Period
 1000.00

B. Karl E Rathjen MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept of Orthopaedics
2222 Welborn St

City Dallas State TX Zip Code 75219-3993

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

Name of Employer Texas Scottish Rite Hospital 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
 02 / 02 / 2015
Transaction ID : 6783725

Amount of Each Receipt this Period
 1000.00

C. Robert Cameron More MD
Full Name (Last, First, Middle Initial)

Mailing Address 8100 Wescott Drive
Suite 101

City Flemington State NJ Zip Code 08822

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

Name of Employer Hunterdon Ortho Institute 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
 02 / 02 / 2015
Transaction ID : 6783726

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David J Abraham MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Lark Lane
 City Sinking Spring State PA Zip Code 19608
 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 M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6783727
 Amount of Each Receipt this Period
 1000.00

B. Thomas G Sampson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2299 Post St #107
 City San Francisco State CA Zip Code 94115-3441
 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 M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6783729
 Amount of Each Receipt this Period
 1000.00

C. John S Early MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8210 Walnut Hill Ln Ste 130
 City Dallas State TX Zip Code 75231-4418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Ortho Associates
 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
 02 / 02 / 2015
Transaction ID : 6783730
 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**

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

FOR LINE NUMBER: PAGE 143 OF 563
(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. Matthew J Kraay MD

Mailing Address 11100 Euclid Ave

City Cleveland State OH Zip Code 44106-1736

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

Name of Employer University Hospital Case Medical Cente 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
 02 / 02 / 2015
Transaction ID : 6783731

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2015
Transaction ID : 6783732

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. William P Urban MD

Mailing Address Dept of Ortho Surg & Rehab Med
 450 Clarkson Ave Box 30

City Brooklyn State NY Zip Code 11203

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

Name of Employer SUNY Downstate Medical Center 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
 02 / 02 / 2015
Transaction ID : 6783733

Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Chaim Rogozinski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3716 University Blvd S Ste 3
 City Jacksonville State FL Zip Code 32216-4318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 02 / 02 / 2015
Transaction ID : 6783734
 Amount of Each Receipt this Period
 500.00

B. Abraham Rogozinski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3716 University Blvd S Ste 3
 City Jacksonville State FL Zip Code 32216-4318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 02 / 02 / 2015
Transaction ID : 6783735
 Amount of Each Receipt this Period
 500.00

C. William P Carney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 The By Way
 City Ridgewood State NJ Zip Code 07450
 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 Y
 02 / 02 / 2015
Transaction ID : 6783736
 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**

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

FOR LINE NUMBER: PAGE 145 OF 563
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Benjamin James Hackett MD
Full Name (Last, First, Middle Initial)
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 Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 10 / 2015
Transaction ID : 6784137
Amount of Each Receipt this Period 1000.00

B. Afshin Razi MD
Full Name (Last, First, Middle Initial)
Mailing Address 66-37 Saunders Street
City Rego Park State NY Zip Code 11374
FEC ID number of contributing federal political committee. **C**
Name of Employer Madison Avenue Ortho Assoc Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2015
Transaction ID : 6786144
Amount of Each Receipt this Period 250.00

C. Zenia E Cortes MD
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 969
City Seal Beach State CA Zip Code 90740-0969
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 02 / 05 / 2015
Transaction ID : 6787015
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Mary Ann E Keenan MD			Date of Receipt MM / DD / YYYY 02 / 05 / 2015 Transaction ID : 6787016
Mailing Address 124 Auburn Road			Amount of Each Receipt this Period 1000.00
City Long Beach Township	State NJ	Zip Code 08008	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer Retired		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Alexander Benton LeGrand MD			Date of Receipt MM / DD / YYYY 02 / 05 / 2015 Transaction ID : 6787017
Mailing Address 111 Star Ridge Rd			Amount of Each Receipt this Period 500.00
City Bozeman	State MT	Zip Code 59715	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer Bridger Ortho & Sports Medicine		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Tarsem Garg MD			Date of Receipt MM / DD / YYYY 02 / 05 / 2015 Transaction ID : 6787018
Mailing Address 1929 E High St			Amount of Each Receipt this Period 500.00
City Springfield	State OH	Zip Code 45505-1227	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 147 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Amir Alex Jahangir MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Loring Ct
 City Nashville State TN Zip Code 37220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt Medical Group 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
 02 / 05 / 2015
Transaction ID : 6787020
 Amount of Each Receipt this Period
 1000.00

B. Baron Lonner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 820 Second Avenue Suite 7A
 City New York State NY Zip Code 10017
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : 6787021
 Amount of Each Receipt this Period
 500.00

C. Frank R Joseph MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 Brandon Hall Drive
 City Atlanta State GA Zip Code 30350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : 6787023
 Amount of Each Receipt this Period
 380.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1880.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. William O Shaffer MD, BS
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Market St Unit 510
 City Des Moines State IA Zip Code 50309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAOS 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
 02 / 05 / 2015
Transaction ID : 6787035
 Amount of Each Receipt this Period
1000.00

B. Gregory Alexander Brown MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7690 Thornapple Club Dr SE
 City Ada State MI Zip Code 49301-9435
 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 **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : 6787036
 Amount of Each Receipt this Period
1000.00

C. Joel S Tupper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Lary Ln
 City Guthrie State OK Zip Code 73044
 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 M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : 6787037
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Eric M Orenstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1809 Connemara Ct
 City Lafayette State IN Zip Code 47905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UI Health Arnett Hospital Occupation Orthopedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : 6787038
 Amount of Each Receipt this Period
 1000.00

B. Wayne Z Burkhead Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9301 N Central Expy Ste 400
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Carrell Clinic 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
 02 / 05 / 2015
Transaction ID : 6787039
 Amount of Each Receipt this Period
 500.00

C. Victor R Kalman DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Summerknoll Circle
 City Newark State DE Zip Code 19711
 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 M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : 6787042
 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).....▶	

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

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

FOR LINE NUMBER: PAGE 150 OF 563
(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. 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 Occupation
 Orthopaedic Sports Specialists Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : 6787043

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Paramjeet Singh Gill MD

Mailing Address 1630 E Herndon Ave Ste 303

City State Zip Code
 Fresno CA 93720

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

Name of Employer Occupation
 Sierra Pacific Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : 6787044

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
c. Christopher T Donaldson MD

Mailing Address 1500 Donato Ct

City State Zip Code
 Johnstown PA 15905-1528

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

Name of Employer Occupation
 Western PA Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015

Transaction ID : 6787046

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Manuel M Monasterio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 7401
 City Ponce State PR Zip Code 00732-7401
 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 M / D D D / Y Y Y Y Y Y
 02 / 05 / 2015
Transaction ID : 6787055
 Amount of Each Receipt this Period
 250.00

B. David Eli Rojer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 419 Walton Rd
 City Maplewood State NJ Zip Code 07040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Union County Orthopaedic Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : 6787085
 Amount of Each Receipt this Period
 1000.00

C. John J McGraw MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1541 Mill Springs Rd
 City New Market State TN Zip Code 37820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Knoxville Orthopaedic Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2015
Transaction ID : 6788002
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gregory J Austin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Narragansett Bay Ave
 City Warwick State RI Zip Code 02889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Assoc Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2015
Transaction ID : 6788256
 Amount of Each Receipt this Period 250.00

B. Douglas W Lundy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1368 Wynbrook Trace
 City Mableton State GA Zip Code 30126
 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 02 / 11 / 2015
Transaction ID : 6788519
 Amount of Each Receipt this Period 1000.00

C. Adolph V Lombardi Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7277 Smith's Mill Rd Ste 200
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Joint Implant Surgeons, Inc Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 11 / 2015
Transaction ID : 6788839
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Harry Schmaltz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 702
 113 Waverly Rd
 City Waverly State PA Zip Code 18471-0702
 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 **02 / 11 / 2015**
Transaction ID : 6788842
 Amount of Each Receipt this Period **1000.00**

B. Barry J Snyder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 497 Long Ln
 City Huntingdon Valley State PA Zip Code 19006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 12 / 2015**
Transaction ID : 6788885
 Amount of Each Receipt this Period **1000.00**

C. Stephen Austin Hunt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Pheasant Run Dr
 City Basking Ridge State NJ Zip Code 07920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tri-County Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 10 / 2015**
Transaction ID : 6789879
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **2250.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 154 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Julie D Grosvenor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 365 Ossipee Hill Rd
 City East Waterboro State ME Zip Code 04030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Maine Health Care Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2015
Transaction ID : 6789880
 Amount of Each Receipt this Period 250.00

B. Christopher Zingas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23829 Little Mack Ste 100
 City Saint Clair Shores State MI Zip Code 48080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2015
Transaction ID : 6789889
 Amount of Each Receipt this Period 500.00

c. Christopher Lawrence Lee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23829 Little Mack Ste 100
 City Saint Clair Shores State MI Zip Code 48080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2015
Transaction ID : 6789890
 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	FOR LINE NUMBER: (check only one)	PAGE 155 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Glenn J Minster MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23829 Little Mack Ste 100
 City Saint Clair Shores State MI Zip Code 48080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 10 / 2015
Transaction ID : 6789891
 Amount of Each Receipt this Period 500.00

B. Richard T Perry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23829 Little Mack Ste 100
 City Saint Clair Shores State MI Zip Code 48080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 10 / 2015
Transaction ID : 6789892
 Amount of Each Receipt this Period 500.00

c. John Thomas Bolger MD, FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address W287 S4485 Woods Road
 City Waukesha State WI Zip Code 53189-9050
 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 02 / 10 / 2015
Transaction ID : 6789893
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. James M McKenzie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1504 SE 28th St
 City Bentonville State AR Zip Code 72712
 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 M / D D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : 6789894
 Amount of Each Receipt this Period
 1000.00

B. Greg T Hardin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5359 N 400 W
 City Bargsersville State IN Zip Code 46106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Center for Orthopaedic Service Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : 6789895
 Amount of Each Receipt this Period
 375.00

C. Gregory R Holt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address The Orthopaedic Center
 1809 E 13th St Ste 100
 City Tulsa State OK Zip Code 74104
 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 M / D D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : 6789897
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 157 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Christopher O'Grady MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 James River Road
 City State Zip Code
 Gulf Breeze FL 32561
 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 M / D D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : 6789918
 Amount of Each Receipt this Period
 500.00

B. Russell N Oakley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 E. Central Ave, Suite 245
 City State Zip Code
 Spokane WA 99208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Providence Medical Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : 6789920
 Amount of Each Receipt this Period
 500.00

C. Archie C Perry Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9712 Highridge Dr.
 City State Zip Code
 Las Vegas NV 89134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Spine Institute of Nevada Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : 6789921
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 158 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Donald Knapke MD		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 Transaction ID : 6789933
Mailing Address 3744 Thatcher Dr #1		Amount of Each Receipt this Period 500.00
City Rochester Hills	State MI	Zip Code 48309-4533
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	
Occupation Orthopaedic Surgeon		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Alan Pechacek MD		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 Transaction ID : 6789934
Mailing Address 8 Stonehenge		Amount of Each Receipt this Period 250.00
City Jackson	State TN	Zip Code 38305
FEC ID number of contributing federal political committee. C	Name of Employer Jackson Clinic	
Occupation Orthopaedic Surgeon		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John T Gill MD		Date of Receipt MM / DD / YYYY 02 / 10 / 2015 Transaction ID : 6789935
Mailing Address 3424 Wentwood Dr		Amount of Each Receipt this Period 1000.00
City Dallas	State TX	Zip Code 75225-4848
FEC ID number of contributing federal political committee. C	Name of Employer Dallas Sports Medicine	
Occupation Orthopaedic Surgeon		Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 159 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Alex B Bodenstab MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Fawn Lane
 City Chadds Ford State PA Zip Code 19317
 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
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : 6790097
 Amount of Each Receipt this Period
 1000.00

B. Robert J Hagen MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : 6790098
 Amount of Each Receipt this Period
 1000.00

C. Marc J Michaud MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Cherry Ln
 City Bedford State NH Zip Code 03110
 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 Y
 02 / 10 / 2015
Transaction ID : 6790099
 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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Robert Allen Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 421 Cottage Grove Rd Ste B
 City Bloomfield State CT Zip Code 06002-3170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Francis Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 10 / 2015**
Transaction ID : 6790101
 Amount of Each Receipt this Period **500.00**

B. Bruce T Faure MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6849 W Ridgeview Dr
 City Mequon State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 10 / 2015**
Transaction ID : 6790104
 Amount of Each Receipt this Period **500.00**

C. Jose E Rodriguez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 Electrc Dr
 City Houston State TX Zip Code 77073
 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 **02 / 10 / 2015**
Transaction ID : 6790105
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Albert E Sanders MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7107 Brookside
 City San Antonio State TX Zip Code 78209
 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 **250.00**

Date of Receipt **02 / 10 / 2015**
Transaction ID : 6790107
 Amount of Each Receipt this Period **100.00**

B. Stephen L Brenneke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21324 S Leland Rd
 City Oregon City State OR Zip Code 97045
 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 **02 / 10 / 2015**
Transaction ID : 6790109
 Amount of Each Receipt this Period **500.00**

c. William Cody Grammer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5426 W Magnolia
 City Rogers State AR Zip Code 72758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 10 / 2015**
Transaction ID : 6790112
 Amount of Each Receipt this Period **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Matthew C Reynen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2409 16th ave nw
 City Aberdeen State SD Zip Code 57401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Avera St. Lukes 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
 02 / 10 / 2015
Transaction ID : 6790113
 Amount of Each Receipt this Period
 500.00

B. Greg T Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Berryhill
 City Fort Smith State AR Zip Code 72903-3501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Clinic 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
 02 / 10 / 2015
Transaction ID : 6790115
 Amount of Each Receipt this Period
 250.00

C. Robert M O'Hollaren MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3525 Loma Vista Rd
 City Ventura State CA Zip Code 93003-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ventura Orthopaedics 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
 02 / 10 / 2015
Transaction ID : 6790116
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Edward H Saer III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 S McKinley St Ste 400
 City Little Rock State AR Zip Code 72205-5222
 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 **250.00**

Date of Receipt **02 / 10 / 2015**
Transaction ID : 6790120
 Amount of Each Receipt this Period **250.00**

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

Date of Receipt **02 / 10 / 2015**
Transaction ID : 6790158
 Amount of Each Receipt this Period **250.00**

c. Mark Shannon Lawler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Carrera Dr
 City Mill Valley State CA Zip Code 94941
 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 **02 / 10 / 2015**
Transaction ID : 6790160
 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: (check only one)	PAGE 164 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Andrew G Urquhart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9222 Northpointe Rd.
 City Brighton State MI Zip Code 48114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Michigan Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2015
Transaction ID : 6790166
 Amount of Each Receipt this Period 500.00

B. Constantine Charoglu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Waterford Drive
 City Hattiesburg State MS Zip Code 39402-2927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Bone & Joint Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2015
Transaction ID : 6790170
 Amount of Each Receipt this Period 500.00

C. Charles A Sommer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Wagon Dr
 City Wilbraham State MA Zip Code 01095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harrington Physician Services Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2015
Transaction ID : 6790171
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 563
(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 M King MD

Mailing Address N21W29802 Glen Cove Rd

City State Zip Code
 Pewaukee WI 53072-4842

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

Name of Employer Occupation
 Medical College of Wisconsin Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : 6790173

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Mohammed-Tarek Al-Fahl MD

Mailing Address 9715 Stonecross Bend Dr

City State Zip Code
 Houston TX 77070

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

Name of Employer Occupation
 Texas Orthopaedics & Sports Medicine Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : 6790174

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Gregg A Ferrero MD

Mailing Address 8865 Locust Grove Drive

City State Zip Code
 Port Tobacco MD 20677

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 M / D D D / Y Y Y Y Y Y
 02 / 10 / 2015
Transaction ID : 6790179

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: (check only one)	PAGE 166 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gregory M Hrasky
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 2767
 City Scottsdale State AZ Zip Code 85252-2767
 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 ▼ 1025.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6794647
 Amount of Each Receipt this Period
 1025.00

B. John G Birch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9107 Brady Dr
 City Dallas State TX Zip Code 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6794649
 Amount of Each Receipt this Period
 1000.00

C. Edward W Younger III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8515 Kenneth Creek Ln
 City Fair Oaks State CA Zip Code 95628
 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 M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6794927
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....	▶	2275.00
TOTAL This Period (last page this line 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 167 OF 563
(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. Alan S Hilibrand MD

Mailing Address 225 North Latches Lane

City Merion Station State PA Zip Code 19066-1726

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

Name of Employer Reconstruction Ortho. Assoc. 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
02 / 13 / 2015

Transaction ID : 6794928

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Timothy M Risko MD

Mailing Address 7902 Valcour Dr

City Amarillo State TX Zip Code 79119-6267

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 M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : 6794929

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
c. 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 Self Employed 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
02 / 13 / 2015

Transaction ID : 6794938

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **2250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 J Callaghan MD		Date of Receipt
Mailing Address Dept of Orthopaedics 200 Hawkins Dr / 01029 JPP		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Iowa City	IA	52242-1088
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6794939
Name of Employer	Occupation	Amount of Each Receipt this Period
Univ of Iowa Hospitals & Clinics	Orthopaedic Surgeon	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) B. Benjamin James Hackett MD		Date of Receipt
Mailing Address 7808 Bluebell Ln		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Wausau	WI	54401-8444
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6794940
Name of Employer	Occupation	Amount of Each Receipt this Period
Bone & Joint Clinic	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) C. Keith M Baumgarten MD		Date of Receipt
Mailing Address 807 W Chicory		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Sioux Falls	SD	57108
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6794941
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 563
<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. James T Bilbo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 Ridge Rd
 City Ft Mitchell State KY Zip Code 41011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Orthopaedic Centers Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 13 / 2015
Transaction ID : 6795235
 Amount of Each Receipt this Period 1000.00

B. Daniel K. Guy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 630 Country Club Rd
 City Lagrange State GA Zip Code 30240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 14 / 2015
Transaction ID : 6795263
 Amount of Each Receipt this Period 1000.00

C. James O Sanders MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Oakberry Ln
 City Pittsford State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Rochester Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 14 / 2015
Transaction ID : 6795265
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Thomas C McLaughlin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2667 Berkshire Rd
 City Cleveland State OH Zip Code 44106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LSCVAMC 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
 02 / 14 / 2015
Transaction ID : 6795267
 Amount of Each Receipt this Period
 500.00

B. David Blum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Dockside Circle
 City Weston State FL Zip Code 33327
 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 M / D D D / Y Y Y Y Y Y
 02 / 16 / 2015
Transaction ID : 6795796
 Amount of Each Receipt this Period
 250.00

C. Kirk Hutton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2725 S 144th St Ste 212
 City Omaha State NE Zip Code 68144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoWest 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
 02 / 13 / 2015
Transaction ID : 6796655
 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

FOR LINE NUMBER: PAGE 171 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joshua Aaron Urban MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16706 Marcy Circle
 City State Zip Code
 Omaha NE 68118-2722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoWest Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6796656
 Amount of Each Receipt this Period
 500.00

B. Michael C Thompson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21925 Stanford Circle
 City State Zip Code
 Elkhorn NE 68022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoWest Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6796657
 Amount of Each Receipt this Period
 500.00

C. Michael A Thompson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25005 Farnam Circle
 City State Zip Code
 Waterloo NE 68069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoWest Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6796658
 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**

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

FOR LINE NUMBER: PAGE 172 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. William Stuart Singer MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 OrthoWest Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6796659
 Amount of Each Receipt this Period
 500.00

B. Scott B Reynolds MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 N. 187th St.
 City State Zip Code
 Elkhorn NE 68022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoWest Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6796660
 Amount of Each Receipt this Period
 500.00

C. Samar Kumar Ray MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 OrthoWest Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6796661
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 173 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael T O'Neil MD
Full Name (Last, First, Middle Initial)

Mailing Address Nebraska Ortho Assoc LLP
2725 S 144th St Ste 110

City Omaha State NE Zip Code 68144-5253

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
02 / 13 / 2015
Transaction ID : 6796662

Amount of Each Receipt this Period
500.00

B. Randall Dean Neumann MD
Full Name (Last, First, Middle Initial)

Mailing Address 2725 S 144th St Ste 212

City Omaha State NE Zip Code 68144

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

Name of Employer OrthoWest Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 13 / 2015
Transaction ID : 6796663

Amount of Each Receipt this Period
500.00

C. Craig Leonard Hansen MD
Full Name (Last, First, Middle Initial)

Mailing Address 21919 Meadowview Pkwy

City Council Bluffs State IA Zip Code 51503

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
02 / 13 / 2015
Transaction ID : 6796664

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**

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

FOR LINE NUMBER: PAGE 174 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Steven V Hagan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2629 S 96 Circle
 City State Zip Code
 Omaha NE 68124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoWest Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6796665
 Amount of Each Receipt this Period
 500.00

B. Steven X Goebel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5316 Izard St
 City State Zip Code
 Omaha NE 68132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoWest Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6796666
 Amount of Each Receipt this Period
 500.00

C. Mark E Goebel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 South 251st Street
 City State Zip Code
 Waterloo NE 68069-4678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoWest Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6796667
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 D Galligan MD			Date of Receipt MM / DD / YYYY 02 / 13 / 2015 Transaction ID : 6796668
Mailing Address 555 S 166th St			Amount of Each Receipt this Period 500.00
City Omaha	State NE	Zip Code 68118	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer OrthoWest		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Thomas Patrick Ferlic MD			Date of Receipt MM / DD / YYYY 02 / 13 / 2015 Transaction ID : 6796669
Mailing Address Nebraska Ortho Assoc 2725 S 144th St Ste 110			Amount of Each Receipt this Period 500.00
City Omaha	State NE	Zip Code 68144-5253	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer OrthoWest		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ian D Crabb MD			Date of Receipt MM / DD / YYYY 02 / 13 / 2015 Transaction ID : 6796670
Mailing Address 9737 Fieldcrest Dr			Amount of Each Receipt this Period 500.00
City Omaha	State NE	Zip Code 68114	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer OrthoWest		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 176 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James T Canedy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 448 south 82nd st
 City State Zip Code
 Omaha NE 68114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoWest Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6796671
 Amount of Each Receipt this Period
 500.00

B. Jonathan E Buzzell MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 OrthoWest Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6796672
 Amount of Each Receipt this Period
 500.00

C. Charles F Burt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2725 S 144th St Ste 212
 City State Zip Code
 Omaha NE 68144-5253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoWest Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6796673
 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**

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

FOR LINE NUMBER: PAGE 177 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Nicholas Benjamin Bruggeman MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6796674
 Amount of Each Receipt this Period
 500.00

B. David E Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15617 Woolworth Ave
 City Omaha State NE Zip Code 68130
 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
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6796869
 Amount of Each Receipt this Period
 500.00

C. Ryan M Arnold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2453 S 191 Circle
 City Omaha State NE Zip Code 68130
 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
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : 6796870
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Angelo DiFelice Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15410 Treyburn Manor View
 City Milton State GA Zip Code 30004
 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 **02 / 16 / 2015**
Transaction ID : 6797575
 Amount of Each Receipt this Period **1000.00**

B. Daryll C Dykes MD, JD, Ph
 Full Name (Last, First, Middle Initial)
 Mailing Address 4840 Park Ave S.
 City Minneapolis State MN Zip Code 55417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Twin Cities Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 17 / 2015**
Transaction ID : 6797839
 Amount of Each Receipt this Period **1000.00**

C. Randeep S Kahlon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Hockessin Cir
 City Hockessin State DE Zip Code 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 **500.00**

Date of Receipt **02 / 18 / 2015**
Transaction ID : 6798971
 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).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James A Shaffer MD
Full Name (Last, First, Middle Initial)

Mailing Address 1919 Miracle Drive

City Casper State WY Zip Code 82609

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

Name of Employer AJRC Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2015
Transaction ID : 6799680

Amount of Each Receipt this Period 250.00

B. K William Kumler MD, MBA
Full Name (Last, First, Middle Initial)

Mailing Address 903 Ridgewood Dr

City Maysville State KY Zip Code 41056

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

Name of Employer Lifepoint Hospitals, Inc. Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2015
Transaction ID : 6799681

Amount of Each Receipt this Period 1000.00

C. James Michael Grimes MD
Full Name (Last, First, Middle Initial)

Mailing Address 1 Orthopaedic Pl

City Saint Augustine State FL Zip Code 32086-4202

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

Name of Employer Orthopaedic Associates of St Augustine Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2015
Transaction ID : 6800453

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John Eric Winter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 773 Oakhurst
 City Cheyenne State WY Zip Code 82009
 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 Y
 02 / 19 / 2015
Transaction ID : 6800487
 Amount of Each Receipt this Period
500.00

B. Paul G Melaragno MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3288 Scioto Run Blvd
 City Hilliard State OH Zip Code 43026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic One
 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 Y
 02 / 18 / 2015
Transaction ID : 6801403
 Amount of Each Receipt this Period
300.00

C. Mustasim N Rumi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16020 Park Valley Dr
 City Round Rock State TX Zip Code 78681
 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 Y
 02 / 18 / 2015
Transaction ID : 6801404
 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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jaafar M Bazih MD
 Full Name (Last, First, Middle Initial)
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2015
Transaction ID : 6801405
 Amount of Each Receipt this Period
 250.00

B. Joshua S Dines MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 E 57th St Apt 11B
 City State Zip Code
 New York NY 10022-2931
 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 M / D D D / Y Y Y Y Y Y
 02 / 18 / 2015
Transaction ID : 6801406
 Amount of Each Receipt this Period
 500.00

C. Richard Edelson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11532 SW Military Rd
 City State Zip Code
 Portland OR 97219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sports Medicine Oregon Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2015
Transaction ID : 6801414
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Edward R Sweetser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5020 Creosote Run Rd
 City Las Cruces State NM Zip Code 88011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Health Systems 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
 02 / 18 / 2015
Transaction ID : 6801415
 Amount of Each Receipt this Period
 250.00

B. Timothy Patrick Tymon MD
 Full Name (Last, First, Middle Initial)
 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 Y
 02 / 18 / 2015
Transaction ID : 6801418
 Amount of Each Receipt this Period
 250.00

C. Darin T Leetun MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4708 Ridgewood Lane
 City Grand Forks State ND Zip Code 58201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Altru 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
 02 / 18 / 2015
Transaction ID : 6801419
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David R Morawski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2525 Kaneville Rd
 City Geneva State IL Zip Code 60134-2578
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fox Valley Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 19 / 2015
Transaction ID : 6801574
 Amount of Each Receipt this Period 1000.00

B. Joseph M Lane MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 E 86th St Apt 14F
 City New York City State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 20 / 2015
Transaction ID : 6801584
 Amount of Each Receipt this Period 2000.00

c. Charles F Leinberry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Ivy Ln
 City Chester Springs State PA Zip Code 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 ▼ 500.00

Date of Receipt 02 / 21 / 2015
Transaction ID : 6804836
 Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 184 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Daniel William Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 22 / 2015
Transaction ID : 6804861
 Amount of Each Receipt this Period 175.00

B. Stephen W Rodrigue MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Arborside Drive
 City Falmouth State ME Zip Code 04105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Group Practice Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 22 / 2015
Transaction ID : 6804863
 Amount of Each Receipt this Period 1000.00

C. Keith L Wapner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 651 N Heilbron Dr
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Penn Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 22 / 2015
Transaction ID : 6804867
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1675.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jerome Kolavo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 27650 Ferry Rd Ste 100
 City Warrenville State IL Zip Code 60555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cadence Physician 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 Y
 02 / 23 / 2015
Transaction ID : 6808002
 Amount of Each Receipt this Period
 500.00

B. Steve G Salyers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 Rossview Rd
 City Clarksville State TN Zip Code 37043-1908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier 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 Y
 02 / 19 / 2015
Transaction ID : 6808055
 Amount of Each Receipt this Period
 1000.00

C. Kevin K Nahigian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 Red Bay Rd
 City Elgin State SC Zip Code 29045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Shoulder & Knee 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
 02 / 19 / 2015
Transaction ID : 6808056
 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).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeffrey R Ginther MD, FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13827 Driftwood Dr
 City Carmel State IN Zip Code 46033-8511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverview Hospital 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
 02 / 19 / 2015
Transaction ID : 6808057
 Amount of Each Receipt this Period
 1000.00

B. William John Hopkinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 351 E 59th St
 City Hinsdale State IL Zip Code 60521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loyola University Health System 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
 02 / 19 / 2015
Transaction ID : 6808058
 Amount of Each Receipt this Period
 500.00

c. John H Lyon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25393 W Scott Rd
 City Barrington State IL Zip Code 60010
 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 M / D D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : 6808059
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 OF 563 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Dennis P Rivero MD
Full Name (Last, First, Middle Initial)

Mailing Address 8177 S Harvard St #533

City State Zip Code
Tulsa OK 74137

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

Name of Employer Occupation
Muskogee Surgical Associate Orthopedic Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2015
Transaction ID : 6808061

Amount of Each Receipt this Period
250.00

B. John R Wilson MD
Full Name (Last, First, Middle Initial)

Mailing Address 2900 12th Ave N St 100E

City State Zip Code
Billings MT 59101

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

Name of Employer Occupation
OrthoMontana Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2015
Transaction ID : 6808063

Amount of Each Receipt this Period
1000.00

C. Dean C Sukin MD
Full Name (Last, First, Middle Initial)

Mailing Address 2623 Huckleberry Ln N

City State Zip Code
Billings MT 59106

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

Name of Employer Occupation
OrthoMontana Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2015
Transaction ID : 6808064

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Steve Klepps MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 12th Ave N Ste 100 E
 City Billings State MT Zip Code 59101
 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 Y
 02 / 19 / 2015
Transaction ID : 6808075
 Amount of Each Receipt this Period
1000.00

B. James S Elliott MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3616 Timberline Dr
 City Billings State MT Zip Code 59102
 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 Y
 02 / 19 / 2015
Transaction ID : 6808076
 Amount of Each Receipt this Period
1000.00

C. Ralph M Costanzo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2751 Gregory Drive N
 City Billings State MT Zip Code 59102
 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 Y
 02 / 19 / 2015
Transaction ID : 6808077
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard P Lewallen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 12th Ave N Ste 100E
 City Billings State MT Zip Code 59101-0121
 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 **02 / 19 / 2015**
Transaction ID : 6808078
 Amount of Each Receipt this Period **1000.00**

B. Anthony W Roccisano DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2704 Gregory Dr S
 City Billings State MT Zip Code 59102
 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 **02 / 19 / 2015**
Transaction ID : 6808079
 Amount of Each Receipt this Period **1000.00**

C. Alan Dacre MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 Country Acres Road
 City Riverton State WY Zip Code 82501
 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 **02 / 19 / 2015**
Transaction ID : 6808080
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David W Shenton Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3134 Sycamore Ln
 City Billings State MT Zip Code 59102-0524
 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 **02 / 19 / 2015**
Transaction ID : 6808081
 Amount of Each Receipt this Period **1000.00**

B. Gregory S McDowell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 12th Ave N Ste 140W
 City Billings State MT Zip Code 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 **500.00**

Date of Receipt **02 / 19 / 2015**
Transaction ID : 6808082
 Amount of Each Receipt this Period **500.00**

C. Michael Ren Yorgason MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4714 South Woodhaven Way
 City Billings State MT Zip Code 59106-2494
 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 **02 / 19 / 2015**
Transaction ID : 6808083
 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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 191 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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. Curtis R Settergren MD			Date of Receipt MM / DD / YYYY 02 / 19 / 2015 Transaction ID : 6808084
Mailing Address 2937 MacLeod St			Amount of Each Receipt this Period 1000.00
City Billings	State MT	Zip Code 59106	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00	
Name of Employer OrthoMontana		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Zachary Boyer Scheer MD			Date of Receipt MM / DD / YYYY 02 / 18 / 2015 Transaction ID : 6808115
Mailing Address 2440 Lydia Ln			Amount of Each Receipt this Period 500.00
City Billings	State MT	Zip Code 59102-7958	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00	
Name of Employer OrthoMontana		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Nicholas M Halikis MD			Date of Receipt MM / DD / YYYY 02 / 18 / 2015 Transaction ID : 6808116
Mailing Address 23456 Hawthorne Blvd Ste 300			Amount of Each Receipt this Period 300.00
City Torrance	State CA	Zip Code 90505	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Jim K Hudson MD
 Full Name (Last, First, Middle Initial)
 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 Self Employed
 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
 02 / 18 / 2015
Transaction ID : 6808118
 Amount of Each Receipt this Period
 500.00

B. Theodore A Evans MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6045 Rolling Rd Dr
 City Pinecrest State FL Zip Code 33156-5626
 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 M / D D D / Y Y Y Y Y Y
 02 / 18 / 2015
Transaction ID : 6808119
 Amount of Each Receipt this Period
 250.00

C. Sergio Andres Mendoza-Lattes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3758 Forest Gate Dr NE
 City Iowa City State IA Zip Code 52240
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2015
Transaction ID : 6808120
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 193 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2015
Transaction ID : 6808121
 Amount of Each Receipt this Period
 500.00

B. John Patrick Reilly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Copperflagg Ln
 City State Zip Code
 Staten Island NY 10304-1158
 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 M / D D D / Y Y Y Y Y Y
 02 / 18 / 2015
Transaction ID : 6808123
 Amount of Each Receipt this Period
 250.00

C. Rodney J Herrin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 S Koke Mill Rd
 City State Zip Code
 Springfield IL 62711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Center of IL Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2015
Transaction ID : 6808124
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 194 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John Anthony DiPreta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1367 Washington Ave Ste 200
 City Albany State NY Zip Code 12206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Region Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2015
Transaction ID : 6808126
 Amount of Each Receipt this Period 500.00

B. Doug A Vermillion MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6122 Prominence Pointe Dr
 City Anchorage State AK Zip Code 99516
 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 02 / 19 / 2015
Transaction ID : 6808150
 Amount of Each Receipt this Period 500.00

C. Jeffrey Glenn Hessing MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6748 N Double Eagle Ln
 City Meridian State ID Zip Code 83646-5190
 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 02 / 19 / 2015
Transaction ID : 6808151
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael Paul Chapman MD
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : 6808153
 Amount of Each Receipt this Period
 2100.00

B. Herbert J Louis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5110 N 40th St Ste 236
 City Phoenix State AZ Zip Code 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 ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : 6808154
 Amount of Each Receipt this Period
 2500.00

c. Craig Dunwody Cameron DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 717 Big Holley Drive
 City Martinez State GA Zip Code 30907
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : 6808155
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	5600.00
TOTAL This Period (last page this line 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 196 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. James W Scott MD
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 7630

City Tifton State GA Zip Code 31793-7630

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
02 / 19 / 2015
Transaction ID : 6808156

Amount of Each Receipt this Period
1000.00

B. Alan Garvin Anz MD
Full Name (Last, First, Middle Initial)

Mailing Address 1509 W Boulevard Ct

City Columbia State MO Zip Code 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 ▼ 250.00

Date of Receipt
02 / 19 / 2015
Transaction ID : 6808157

Amount of Each Receipt this Period
250.00

C. James B Stiehl MD
Full Name (Last, First, Middle Initial)

Mailing Address 4573 CJ Heck Rd

City Salem State IL Zip Code 62881

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
02 / 19 / 2015
Transaction ID : 6808158

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. James B Manning MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9728 Verlaine Court
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : 6808163
 Amount of Each Receipt this Period
 1000.00

B. David Huang MD
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : 6808166
 Amount of Each Receipt this Period
 1500.00

C. Jeffrey T Adams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1050 N James Campbell Blvd Ste 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : 6808167
 Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 198 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Geoffrey H Cook MD
Full Name (Last, First, Middle Initial)

Mailing Address 75 Tortilla Dr

City Sedona State AZ Zip Code 86336-3721

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
02 / 19 / 2015
Transaction ID : 6808168

Amount of Each Receipt this Period
500.00

B. John H Mahon MD
Full Name (Last, First, Middle Initial)

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 19 / 2015
Transaction ID : 6808170

Amount of Each Receipt this Period
250.00

C. Jan H Garrett MD
Full Name (Last, First, Middle Initial)

Mailing Address 8440 Southland Dr

City Tyler State TX Zip Code 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 ▼ 1000.00

Date of Receipt
02 / 19 / 2015
Transaction ID : 6808172

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Edward R Sweetser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5020 Creosote Run Rd
 City Las Cruces State NM Zip Code 88011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Community Health Systems Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 02 / 19 / 2015
Transaction ID : 6808174
 Amount of Each Receipt this Period 1000.00

B. Geoffrey M McCullen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2828 Stratford Ave
 City Lincoln State NE Zip Code 68502
 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 02 / 19 / 2015
Transaction ID : 6808175
 Amount of Each Receipt this Period 500.00

C. Gerard G Adler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 Woodland Ln
 City Oconomowoc State WI Zip Code 53066-2734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 19 / 2015
Transaction ID : 6808204
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mark A Snyder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7229 Overton Way
 City State Zip Code
 Maineville OH 45039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TriHealth Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : 6808205
 Amount of Each Receipt this Period
 3000.00

B. Michael S Todd DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2450 Daybreak Drive
 City State Zip Code
 Wooster OH 44691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ohio University Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : 6808207
 Amount of Each Receipt this Period
 500.00

C. Roger H Emerson Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6565 Fisher Rd
 City State Zip Code
 Dallas TX 75214-6300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Texas Health Resources Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : 6808208
 Amount of Each Receipt this Period
 1000.00

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

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

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

FOR LINE NUMBER: PAGE 201 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kevin G Shea MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4620 N Bantry Pl
 City Boise State ID Zip Code 83702-1863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Lukes Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 19 / 2015
Transaction ID : 6808209
 Amount of Each Receipt this Period 500.00

B. David E Taylor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4175 N Van Ness Blvd
 City Fresno State CA Zip Code 93704-4214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sierra Pacific Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 19 / 2015
Transaction ID : 6808210
 Amount of Each Receipt this Period 1000.00

c. Charles W Sanderlin Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5980 Val Del Rd
 City Hahira State GA Zip Code 31632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valdosta Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 19 / 2015
Transaction ID : 6808211
 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).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Timothy Douglas Jenkins MD		Date of Receipt
Mailing Address 5 Edgewater Ct		M M M / D D D / Y Y Y Y Y Y 02 / 19 / 2015
City	State	Zip Code
Johnson City	TN	37615-2968
FEC ID number of contributing federal political committee.		Transaction ID : 6808212
Name of Employer		Amount of Each Receipt this Period
Self Employed	Occupation	2000.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	2000.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Champ L Baker Jr, MD		Date of Receipt
Mailing Address 5 Mountainbrook Ct		M M M / D D D / Y Y Y Y Y Y 02 / 19 / 2015
City	State	Zip Code
Columbus	GA	31904
FEC ID number of contributing federal political committee.		Transaction ID : 6808213
Name of Employer		Amount of Each Receipt this Period
Hughston Orthopaedic Clinic	Occupation	500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Thomas P Sculco MD		Date of Receipt
Mailing Address 132 E 95th St		M M M / D D D / Y Y Y Y Y Y 02 / 19 / 2015
City	State	Zip Code
New York City	NY	10128
FEC ID number of contributing federal political committee.		Transaction ID : 6808214
Name of Employer		Amount of Each Receipt this Period
Self Employed	Occupation	1000.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Felix A Rodriguez-del Rio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Urb Santa Maria
 35 Mimosa Street
 City San Juan State PR Zip Code 00927
 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 M / D D D / Y Y Y Y Y Y
 02 / 19 / 2015
Transaction ID : 6808215
 Amount of Each Receipt this Period
 250.00

B. Kyle James Jeray MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept. of Orthopedic Surgery
 701 Grove Rd, 2nd FL Support Tower
 City Greenville State SC Zip Code 29605-4210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Greenville Hospital System Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2015
Transaction ID : 6809530
 Amount of Each Receipt this Period
 250.00

C. Andrew David Bries MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3126 Westminster Rd
 City Bettendorf State IA Zip Code 52722
 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 M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : 6814220
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Benjamin E Lesin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1318 Roxbury Dr Unit 317
 City Los Angeles State CA Zip Code 90035-4751
 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 M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6820722
 Amount of Each Receipt this Period
500.00

B. Bruce R Buhr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1706 N Chapel Hill St
 City Wichita State KS Zip Code 67206-5501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Via Christi Health 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
 02 / 26 / 2015
Transaction ID : 6820724
 Amount of Each Receipt this Period
250.00

C. Edgar O Hicks MD
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6820726
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 A Wainer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1130 N Church St Ste 100
 City Greensboro State NC Zip Code 27401-1041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeastern Ortho 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 Y
 02 / 26 / 2015
Transaction ID : 6820728
 Amount of Each Receipt this Period
500.00

B. Karen Jane McRae MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Watauga Ortho 2410 Susannah St
 City Johnson City State TN Zip Code 37601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Watauga 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 Y
 02 / 26 / 2015
Transaction ID : 6820729
 Amount of Each Receipt this Period
500.00

C. Thomas S Gorsche MD
 Full Name (Last, First, Middle Initial)
 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 **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6820730
 Amount of Each Receipt this Period
700.00

SUBTOTAL of Receipts This Page (optional)..... **1700.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jorge E Tijmes MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Southern Bone & Joint Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6820731
 Amount of Each Receipt this Period
 750.00

B. Lawrence R Walker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 925
 294 N Fairway
 City State Zip Code
 Lake Arrowhead CA 92352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Arrowhead Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6820733
 Amount of Each Receipt this Period
 500.00

C. Charles T Cassel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 53rd Ave Ste 100
 City State Zip Code
 Bettendorf IA 52722-7565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ORA Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6820734
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Alfred Ainsley Durham MD			Date of Receipt
Mailing Address 2954 Lockridge Rd			<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6820736
Roanoke	VA	24014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Lewis Gale Physicians	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. William Joseph Peace MD			Date of Receipt
Mailing Address 18968 W 54th Ln			<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6820761
Golden	CO	80403-2182	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Panorama Ortho & Spine Center	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Lonnie E Loutzenhiser MD			Date of Receipt
Mailing Address 1745 Foothills Dr S			<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6820762
Golden	CO	80401-9167	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Panorama Ortho & Spine Center	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Douglas Cabot Wong MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23769 Shooting Star Dr
 City Golden State CO Zip Code 80401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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
 02 / 26 / 2015
Transaction ID : 6820763
 Amount of Each Receipt this Period
 250.00

B. Mitchell D Seemann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Golden Ridge Road, Ste. 250
 City Golden State CO Zip Code 80401-9541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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
 02 / 26 / 2015
Transaction ID : 6820766
 Amount of Each Receipt this Period
 250.00

C. David J Schneider MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 711 Skywalker Point
 City Lafayette State CO Zip Code 80026
 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
 02 / 26 / 2015
Transaction ID : 6820767
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 209 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Edmund B Rowland Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 265 Skyhill Dr
 City Evergreen State CO Zip Code 80439-3797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 02 / 26 / 2015
Transaction ID : 6820771
 Amount of Each Receipt this Period
 250.00

B. Mitchel S Robinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Golden Ridge Road Suite 250
 City Golden State CO Zip Code 80401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 02 / 26 / 2015
Transaction ID : 6820772
 Amount of Each Receipt this Period
 250.00

C. Walter G Robinson Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3042 Nelson Dr
 City Lakewood State CO Zip Code 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 Y
 02 / 26 / 2015
Transaction ID : 6820773
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 OF 563 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Thomas Joseph Puschak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5275 Dunraven Circle
 City State Zip Code
 Golden CO 80403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Panorama Ortho & Spine Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6820774
 Amount of Each Receipt this Period
 250.00

B. Premjit Deol DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4145 Utica Street
 City State Zip Code
 Denver CO 80212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Panorama Ortho & Spine Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6820775
 Amount of Each Receipt this Period
 250.00

C. Jared R H Foran MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Panorama Ortho & Spine Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6820776
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bharat M Desai MD
Full Name (Last, First, Middle Initial)

Mailing Address 7955 Spirit Ranch Rd

City Golden State CO Zip Code 80403

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

Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 26 / 2015
Transaction ID : 6820777

Amount of Each Receipt this Period 250.00

B. Mark J Conklin MD
Full Name (Last, First, Middle Initial)

Mailing Address 1702 Sand Lily Dr

City Golden State CO Zip Code 80401

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

Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 26 / 2015
Transaction ID : 6820778

Amount of Each Receipt this Period 250.00

C. Amit Agarwala MD
Full Name (Last, First, Middle Initial)

Mailing Address 660 Golden Ridge Rd Suite 250

City Golden State CO Zip Code 80401

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

Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 26 / 2015
Transaction ID : 6820779

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 212 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sean C Tracy MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Wisconsin Bone and Joint Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6820806
 Amount of Each Receipt this Period
 250.00

B. Matthew J Bueche MD
 Full Name (Last, First, Middle Initial)
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6820807
 Amount of Each Receipt this Period
 250.00

C. Robert Horace Wilson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2412 Norbeck Farm Pl
 City State Zip Code
 Olney MD 20832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Howard University Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6820809
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 563
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Steven M Theiss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 20th Street South, FOT 960
 City Birmingham State AL Zip Code 35294
 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6820812
 Amount of Each Receipt this Period
 500.00

B. Neal L Rockowitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Rockowitz Orthopaedic Center
 3815 North 32nd St
 City Phoenix State AZ Zip Code 85018
 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 M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6820815
 Amount of Each Receipt this Period
 1000.00

C. John Robert Starynski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8118 Northern Rd
 City Minocqua State WI Zip Code 54548-9103
 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 M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6820816
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 563
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	<input type="checkbox"/> 17	

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

A. Thomas Parker Vail MD
Full Name (Last, First, Middle Initial)
Mailing Address 3474 Clay Street
City San Francisco State CA Zip Code 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 1000.00

Date of Receipt 02 / 26 / 2015
Transaction ID : 6820817
Amount of Each Receipt this Period 1000.00

B. Lesley J Anderson MD
Full Name (Last, First, Middle Initial)
Mailing Address 133 San Marino Dr
City San Rafael State CA Zip Code 94901
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 26 / 2015
Transaction ID : 6820818
Amount of Each Receipt this Period 1000.00

C. Robert C Martin DO
Full Name (Last, First, Middle Initial)
Mailing Address 110 Patrick Ct
City Rocky Mount State NC Zip Code 27804
FEC ID number of contributing federal political committee. **C**
Name of Employer Carolina Regional Orthopaedics Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 26 / 2015
Transaction ID : 6820819
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).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 563
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Benjamin C Tam MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 960 Monte Verde Dr.
 City Arcadia State CA Zip Code 91007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Orthopaedic Associates 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
 02 / 26 / 2015
Transaction ID : 6821088
 Amount of Each Receipt this Period
500.00

B. Ayman Ahmad Daouk MD
 Full Name (Last, First, Middle Initial)
 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 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
 02 / 26 / 2015
Transaction ID : 6821092
 Amount of Each Receipt this Period
250.00

C. E Boone Brackett III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25333 W. Hwy 60
 City Grayslake State IL Zip Code 60030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Perry Memorial Hospital 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
 02 / 26 / 2015
Transaction ID : 6821093
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Harry E Rubash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Harvard Affl Hospitals
 55 Fruit St YAW 3700
 City Boston State MA Zip Code 02114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts General Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6821095
 Amount of Each Receipt this Period
1750.00

B. Alexandre Barbosa de Moura MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 761 Merrick Ave
 City Westbury State NY Zip Code 11590-6608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Spine Institute 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
 02 / 26 / 2015
Transaction ID : 6821096
 Amount of Each Receipt this Period
1000.00

C. George Joseph Zambetti Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Catherine Rd
 City Scarsdale State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Presbyterian Hospital 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
 02 / 26 / 2015
Transaction ID : 6821097
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 217 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Beth E Shubin Stein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 W 17th St Apt 1217
 City New York State NY Zip Code 10011
 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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6821098
 Amount of Each Receipt this Period
 300.00

B. Andrew Barrett Wolff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2021 K St NW #516
 City Washington State DC Zip Code 20006
 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 Y
 02 / 26 / 2015
Transaction ID : 6821099
 Amount of Each Receipt this Period
 2000.00

C. William G DeLong Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 344 Kings Hwy East
 City Haddonfield State NJ Zip Code 08033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Lukes 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 Y
 02 / 26 / 2015
Transaction ID : 6821100
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 563
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael J Hejna MD
Full Name (Last, First, Middle Initial)

Mailing Address 353 E Burlington St Ste 100

City Riverside	State IL	Zip Code 60546
-------------------	-------------	-------------------

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

Name of Employer Orthopaedic Associates of Riverside	Occupation Orthopaedic Surgeon
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : 6821101

Amount of Each Receipt this Period
250.00

B. George E Lewinnek MD
Full Name (Last, First, Middle Initial)

Mailing Address 6 Trillium Ct

City Lunenburg	State MA	Zip Code 01462
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FEC ID number of contributing federal political committee. **C**

Name of Employer UMass Memorial	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
02	/	26	/	2015

Transaction ID : 6821135

Amount of Each Receipt this Period
250.00

C. Patrick McNair MD
Full Name (Last, First, Middle Initial)

Mailing Address 10363 Carriage Club Drive

City Lone Tree	State CO	Zip Code 80124
-------------------	-------------	-------------------

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

Name of Employer 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
02	/	26	/	2015

Transaction ID : 6821136

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 219 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mark F Mills MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 West Ranch Trail
 City Morrison State CO Zip Code 80465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 02 / 26 / 2015
Transaction ID : 6821137
 Amount of Each Receipt this Period
 250.00

B. Roger E Murken MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Golden Ridge Rd Ste 250
 City Golden State CO Zip Code 80401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Panorama Ortho & Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
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 02 / 26 / 2015
Transaction ID : 6821138
 Amount of Each Receipt this Period
 250.00

C. Nimesh Patel MD
 Full Name (Last, First, Middle Initial)
 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 Y
 02 / 26 / 2015
Transaction ID : 6821149
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 563
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Douglas A Foulk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Golden Ridge Road
 Ste. 250
 City Golden State CO Zip Code 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 M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6821150
 Amount of Each Receipt this Period
 250.00

B. Thomas G Frierhood MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2635 Vivian St
 City Lakewood State CO Zip Code 80215-1018
 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
 02 / 26 / 2015
Transaction ID : 6821151
 Amount of Each Receipt this Period
 250.00

C. Charles Adam Gottlob MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Panorama Orthopedics
 660 Golden Ridge Rd #250
 City Golden State CO Zip Code 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 M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6821152
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 221 OF 563
(check only one)
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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

A. James T Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1176 E Layton Ave
 City Englewood State CO Zip Code 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 M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6821153
 Amount of Each Receipt this Period
 250.00

B. Karen H Knight MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Golden Ridge Road, Ste 250
 City Golden State CO Zip Code 80401-9541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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
 02 / 26 / 2015
Transaction ID : 6821154
 Amount of Each Receipt this Period
 250.00

C. Peter Lammens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Golden Ridge Rd Ste 250
 City Golden State CO Zip Code 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 M / D D D / Y Y Y Y Y Y
 02 / 26 / 2015
Transaction ID : 6821155
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 563
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Joel Michael Matta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Santa Monica Blvd Ste 1090
 City Santa Monica State CA Zip Code 90404
 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: 02 / 28 / 2015
Transaction ID : 6822619
 Amount of Each Receipt this Period: 1000.00

B. William John Hopkinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 351 E 59th St
 City Hinsdale State IL Zip Code 60521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Loyola University Health System
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 02 / 2015
Transaction ID : 6824118
 Amount of Each Receipt this Period: 500.00

C. Ronald W B Wyatt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 533 Carleton Way
 City Alamo State CA Zip Code 94507
 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: 03 / 03 / 2015
Transaction ID : 6824899
 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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Steven G Wynder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5290 W 612 N
 City Huntington State IN Zip Code 46750-8964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkview Health 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
 03 / 03 / 2015
Transaction ID : 6824900
 Amount of Each Receipt this Period
 250.00

B. Peter F Townsend MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3401 Brandywine Parkway Suite 201
 City Wilmington State DE Zip Code 19803-1554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delaware Ortho 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 Y
 03 / 03 / 2015
Transaction ID : 6824903
 Amount of Each Receipt this Period
 1000.00

C. David J Mansfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1720 Murchison Drive
 City El Paso State TX Zip Code 79902-2921
 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 ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2015
Transaction ID : 6835533
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	1335.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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. Neal D Lintecum MD			Date of Receipt
Mailing Address 789 N 1500 Road			<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6835534
Lawrence	KS	66049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
Ortho Kansas	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Claudette Malvina Lajam MD			Date of Receipt
Mailing Address 30 Knollwood Dr			<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6835536
Larchmont	NY	10538-1238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Hospital for Joint Diseases	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Andrew M Star MD			Date of Receipt
Mailing Address 2400 Maryland Rd Suite 20			<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6839426
Willow Grove	PA	19090-1732	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
OSC	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 225 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Patrick T McCulloch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Caley Drive
 City Canonsburg State PA Zip Code 15317-5990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Orthopaedics & Rehabilitation Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 03 / 06 / 2015
Transaction ID : 6839817
 Amount of Each Receipt this Period 84.00

B. Kevin F Darr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 71617 Riverside Dr
 City Covington State LA Zip Code 70433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Covington Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 04 / 2015
Transaction ID : 6855980
 Amount of Each Receipt this Period 1000.00

C. Luis M Espinoza MD
 Full Name (Last, First, Middle Initial)
 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 Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2015
Transaction ID : 6855981
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1334.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Seth Rosenzweig MD
Full Name (Last, First, Middle Initial)

Mailing Address 500 N Lewis Ste 280

City New Iberia State LA Zip Code 70563

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

Name of Employer Legacy Medical 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 Y
 03 / 04 / 2015

Transaction ID : 6855982

Amount of Each Receipt this Period
 250.00

B. Michael J Leddy MD
Full Name (Last, First, Middle Initial)

Mailing Address 6027 Stonegate Dr

City Alexandria State LA Zip Code 71303

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
 03 / 04 / 2015

Transaction ID : 6855983

Amount of Each Receipt this Period
 250.00

C. Malcolm J Stubbs MD
Full Name (Last, First, Middle Initial)

Mailing Address 118 English Gardens Pkwy

City LaFayette State LA Zip Code 70503-5678

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
 03 / 04 / 2015

Transaction ID : 6855984

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mark A Dodson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3444 Masonic Dr
 City Alexandria State LA Zip Code 71301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid-State Orthopaedics & Sports 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
 03 / 04 / 2015
Transaction ID : 6855985
 Amount of Each Receipt this Period
 1000.00

B. Edward Scott Yerger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 Woodvale Ave
 City LaFayette State LA Zip Code 70503-4143
 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 M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 6855986
 Amount of Each Receipt this Period
 250.00

C. Chad W Millet MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 E. Oakridge Park
 City Metairie State LA Zip Code 70005
 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 M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 6855987
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Joseph E Broyles MD		Date of Receipt 03 / 04 / 2015 Transaction ID : 6855988
Mailing Address 1371 Elmcrest Dr		Amount of Each Receipt this Period 1000.00
City Baton Rouge	State LA	Zip Code 70808
FEC ID number of contributing federal political committee. C	Name of Employer Bone & Joint Ctr of Baton Rouge	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. W Stanley Foster MD		Date of Receipt 03 / 04 / 2015 Transaction ID : 6855989
Mailing Address 108 Valerie Dr		Amount of Each Receipt this Period 1000.00
City Lafayette	State LA	Zip Code 70508-6008
FEC ID number of contributing federal political committee. C	Name of Employer Lafayette General Health Ventures	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Stephen A Cord MD		Date of Receipt 03 / 04 / 2015 Transaction ID : 6856011
Mailing Address 4110 22nd Pl		Amount of Each Receipt this Period 500.00
City Lubbock	State TX	Zip Code 79410-1143
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 ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 229 OF 563
(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 C Callewart MD

Mailing Address 4911 Shadywood Ln

City State Zip Code
 Dallas TX 75209

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 M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015

Transaction ID : 6856012

Amount of Each Receipt this Period
 750.00

Full Name (Last, First, Middle Initial)
B. Stephen M McCollam MD

Mailing Address 2001 Peachtree Rd NE Ste 705

City State Zip Code
 Atlanta GA 30309-1476

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

Name of Employer Occupation
 Peachtree Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015

Transaction ID : 6856013

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. James Spiegel MD

Mailing Address 84 Tan Oak Dr

City State Zip Code
 Scotts Valley CA 95066-4441

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

Name of Employer Occupation
 Palo Alto Medical Foundation Group Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015

Transaction ID : 6856014

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 230 OF 563
<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. Michael T Diment MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7448 Oak Hill Drive
 City State Zip Code
 Sylvania OH 43560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Promedica Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 6856015
 Amount of Each Receipt this Period
 1000.00

B. Stephen J Raterman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11108 Winthrop Way
 City State Zip Code
 Tampa FL 33612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Florida Medical Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 6856017
 Amount of Each Receipt this Period
 1000.00

C. Tye Ouzounian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17401 Magnolia Blvd
 City State Zip Code
 Encino CA 91316
 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 M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 6856018
 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**

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

FOR LINE NUMBER: PAGE 231 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kieran Daniel Cody MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 W State St Ste 201
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 6856030
 Amount of Each Receipt this Period
 500.00

B. D Gordon Newbern MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4412 S Lookout St
 City Little Rock State AR Zip Code 72205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 03 / 04 / 2015
Transaction ID : 6856031
 Amount of Each Receipt this Period
 1000.00

C. Douglas J McDonald MD, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Old Westbury Ln
 City Webster Groves State MO Zip Code 63119
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 6856032
 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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 232 OF 563
<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. Jack C Nichols II, MD			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 04 / 2015 Transaction ID : 6856033
Mailing Address 1230 East Street			Amount of Each Receipt this Period 500.00
City Redding	State CA	Zip Code 96001	
FEC ID number of contributing federal political committee. C			
Name of Employer North Valley Medical Group	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Gerald J Lang MD			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 04 / 2015 Transaction ID : 6856034
Mailing Address 1685 Highland Ave			Amount of Each Receipt this Period 1000.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Thomas Harry Herzog MD			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 04 / 2015 Transaction ID : 6856036
Mailing Address P.O. Box 266			Amount of Each Receipt this Period 300.00
City Ogdensburg	State NY	Zip Code 13669-0266	
FEC ID number of contributing federal political committee. C			
Name of Employer Claxton Medical Center	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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**

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

FOR LINE NUMBER: PAGE 233 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Cary R Motz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8310 Sawgrass Dr
 City Lone Tree State CO Zip Code 80124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Denver-Vail Orthopaedics 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
 03 / 04 / 2015
Transaction ID : 6856038
 Amount of Each Receipt this Period
 250.00

B. Kevin L Tadych MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7520 Hwy 51 S Ste A
 City Minocqua State WI Zip Code 54548
 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 M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 6856040
 Amount of Each Receipt this Period
 1000.00

C. D Marshall Jemison MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 538 West Brow Rd
 City Lookout Mountain State TN Zip Code 37350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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
 03 / 04 / 2015
Transaction ID : 6856041
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John C Gordon MD
Full Name (Last, First, Middle Initial)

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 03 / 07 / 2015
Transaction ID : 6856134

Amount of Each Receipt this Period 1000.00

B. Syed Ashfaq Hasan MD
Full Name (Last, First, Middle Initial)

Mailing Address 7730 Elmwood Road

City Fulton State MD Zip Code 20759

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

Name of Employer UAMS Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2015
Transaction ID : 6856139

Amount of Each Receipt this Period 250.00

c. Charles D Hummer III, MD
Full Name (Last, First, Middle Initial)

Mailing Address 1157 Avonlea Circle

City Glen Mills State PA Zip Code 19342

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

Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2015
Transaction ID : 6856141

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

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

FOR LINE NUMBER: PAGE 235 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David J Kolessar MD
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2015
Transaction ID : 6856143
 Amount of Each Receipt this Period
 250.00

B. E Bruce Bynum DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4292 SW Agate Ave
 City Corvallis State OR Zip Code 97333-1178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Corvallis Clinic PC 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
 03 / 08 / 2015
Transaction ID : 6856145
 Amount of Each Receipt this Period
 1000.00

C. John Adrian Leupold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15581 213th Ave
 City Spirit Lake State IA Zip Code 51360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NW Iowa Bone, Joint & Sports Surgeons 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
 03 / 09 / 2015
Transaction ID : 6859406
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 563
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas J Nordstrom MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Gateshead Drive
 City State Zip Code
 Bridgewater NJ 08807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Center for Ortho Care Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2015
Transaction ID : 6859413
 Amount of Each Receipt this Period
 500.00

B. Jeffrey M Meyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Merrick Ave Ste 100
 City State Zip Code
 East Meadow NY 11554-1580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Winthrop University Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2015
Transaction ID : 6859570
 Amount of Each Receipt this Period
 250.00

C. G Grady McBride MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 475 Lakewood Dr
 City State Zip Code
 Winter Park FL 32789-3939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orlando Orthopaedic Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 6859697
 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	FOR LINE NUMBER: (check only one)	PAGE 237 OF 563
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bryan Lee Reuss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 476 Sylvan Dr
 City Winter Park State FL Zip Code 32789-3975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 04 / 2015**
Transaction ID : 6859698
 Amount of Each Receipt this Period **500.00**

B. Craig P Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1345 Spring Lake Dr
 City Orlando State FL Zip Code 32804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 04 / 2015**
Transaction ID : 6859699
 Amount of Each Receipt this Period **500.00**

C. Bradd Burkhart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 Legion Drive
 City Winter Park State FL Zip Code 32789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 04 / 2015**
Transaction ID : 6859700
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Eric Gunn Bonenberger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10539 Emerald Chase Dr
 City Orlando State FL Zip Code 32836-5862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center 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
 03 / 04 / 2015
Transaction ID : 6859701
 Amount of Each Receipt this Period
 500.00

B. Steven Weber DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 W. Crystal Lake St. Suite 200
 City Orlando State FL Zip Code 32806-4476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center 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
 03 / 04 / 2015
Transaction ID : 6859702
 Amount of Each Receipt this Period
 500.00

C. Samuel S Blick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8707 Southern Breeze Dr
 City Orlando State FL Zip Code 32836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center 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
 03 / 04 / 2015
Transaction ID : 6859703
 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**

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

FOR LINE NUMBER: PAGE 239 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Randy Steven Schwartzberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Arrowhead Court
 City Winter Springs State FL Zip Code 32708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center 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
 03 / 04 / 2015
Transaction ID : 6859704
 Amount of Each Receipt this Period
 500.00

B. Stephen R Goll MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 711 Pinetree Rd
 City Winter Park State FL Zip Code 32789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orlando Orthopaedic Center 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
 03 / 04 / 2015
Transaction ID : 6859705
 Amount of Each Receipt this Period
 500.00

C. Glen Crawford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Middle St
 City West Newbury State MA Zip Code 01985
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sports Medicine Atlantic 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
 03 / 04 / 2015
Transaction ID : 6859706
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ryan C Meis MD
Full Name (Last, First, Middle Initial)
Mailing Address 466 Firethorn Trail
City State Zip Code
Dakota Dunes SD 57049
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CNOS Orthopaedic Surgeon
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2015
Transaction ID : 6859711
Amount of Each Receipt this Period
250.00

B. R Scott Oliver MD
Full Name (Last, First, Middle Initial)
Mailing Address Plymouth Bay Orthopedic Associates
95 Tremont Ste One
City State Zip Code
Duxbury MA 02332-4738
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 M / D D D / Y Y Y Y Y Y
03 / 04 / 2015
Transaction ID : 6859712
Amount of Each Receipt this Period
1000.00

C. Mary Lloyd Ireland MD
Full Name (Last, First, Middle Initial)
Mailing Address 2117 Lakeside Drive
City State Zip Code
Lexington KY 40502
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
University of Kentucky Orthopaedic Surgeon
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 04 / 2015
Transaction ID : 6859713
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**

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

FOR LINE NUMBER: PAGE 241 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jeffrey A Mogerman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 206 Stevenson Road
 City Waverly State PA Zip Code 18471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne Memorial Hospital 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
 03 / 04 / 2015
Transaction ID : 6859714
 Amount of Each Receipt this Period
 250.00

B. John P K Featheringill MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3608 Grand Rock Ln
 City Birmingham State AL Zip Code 35223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Sports Associates 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
 03 / 04 / 2015
Transaction ID : 6859715
 Amount of Each Receipt this Period
 500.00

C. Glenn B Rankin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 651 N Granados Ave
 City Solana Beach State CA Zip Code 92075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern California Permanente Medical 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
 03 / 04 / 2015
Transaction ID : 6859717
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John G Mayer MD
Full Name (Last, First, Middle Initial)

Mailing Address 151 W Golf Rd

City Libertyville State IL Zip Code 60048

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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 6859718

Amount of Each Receipt this Period
 250.00

B. Richard J Mason MD
Full Name (Last, First, Middle Initial)

Mailing Address 510 Idlewild Ave

City Easton State MD Zip Code 21601

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

Name of Employer The Orthopaedic Center 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
 03 / 04 / 2015
Transaction ID : 6859720

Amount of Each Receipt this Period
 500.00

C. Michael E Ayers MD
Full Name (Last, First, Middle Initial)

Mailing Address 10 Crescent Ave

City Scituate State MA Zip Code 02066

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

Name of Employer South Shore Orthopaedics 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
 03 / 04 / 2015
Transaction ID : 6859721

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

FOR LINE NUMBER: PAGE 243 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Daniel C Wnorowski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4309 Hepatica Hill Rd
 City Manlius State NY Zip Code 13104-8714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SOS Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 6859725
 Amount of Each Receipt this Period
 250.00

B. Brad R Bruns MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5620 E Bell Rd
 City Scottsdale State AZ Zip Code 85254-5950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoArizona Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 6859726
 Amount of Each Receipt this Period
 250.00

c. John English Feighan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2260 Harcourt Dr
 City Cleveland Heights State OH Zip Code 44106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Hospital Medical Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 6859727
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard A Egwele MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Ashley Oaks Ln
 City Flossmoor State IL Zip Code 60422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Exchange Medical Center 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
 03 / 04 / 2015
Transaction ID : 6859728
 Amount of Each Receipt this Period
 1000.00

B. Scott B Schneider MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1180 Mary Hill Cir
 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 M / D D D / Y Y Y Y Y Y
 03 / 04 / 2015
Transaction ID : 6859730
 Amount of Each Receipt this Period
 500.00

C. Michael David Daubs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2040 W. Charleston Blvd. Suite 601
 City Las Vegas State NV Zip Code 89102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Nevada 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
 03 / 11 / 2015
Transaction ID : 6861766
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Thomas C Kennedy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1106 Pecks Canyon
 City State Zip Code
 Yakima WA 98908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopedics Northwest Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : 6864266
 Amount of Each Receipt this Period
 1000.00

B. Peter J Mandell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1663 Rollins Rd
 City State Zip Code
 Burlingame CA 94010
 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 ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : 6867790
 Amount of Each Receipt this Period
 5000.00

C. Scott J Dunitz MD
 Full Name (Last, First, Middle Initial)
 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 M / D D D / Y Y Y Y Y Y
 03 / 15 / 2015
Transaction ID : 6868642
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ross Alan Benthien MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Lakeview Drive
 City West Hartford State CT Zip Code 06117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Associates of Hartford Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 15 / 2015**
Transaction ID : 6868645
 Amount of Each Receipt this Period **250.00**

B. Timothy Allen Gibbons MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1770 Springview Drive
 City Mason City State IA Zip Code 50401-2926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mason City Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 15 / 2015**
Transaction ID : 6868651
 Amount of Each Receipt this Period **1000.00**

C. R Alden Milam IV, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3320 Selwyn Ave
 City Charlotte State NC Zip Code 28209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 16 / 2015**
Transaction ID : 6869323
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 247 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Patrick J Halpin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3125 Anchor Ln NW
 City Olympia State WA Zip Code 98502-3929
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : 6876534
 Amount of Each Receipt this Period
 1000.00

B. Paul E Hughes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Barneson Ave
 City San Mateo State CA Zip Code 94402-3413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burlingame Orthopedics & Sport 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
 03 / 12 / 2015
Transaction ID : 6876535
 Amount of Each Receipt this Period
 1000.00

C. Sidney Premer Migliori MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Chief Botelho Ct.
 City East Greenwich State RI Zip Code 02818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic 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
 03 / 12 / 2015
Transaction ID : 6876550
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Patricia M Kallemeier MD			Date of Receipt
Mailing Address 15005 Maple Dr			<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6876562
Des Moines	IA	50323-2425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Des Moines Ortho Surgeons	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. William C McMaster MD			Date of Receipt
Mailing Address 3032 Capri Lane			<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6876563
Costa Mesa	CA	92626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kevin John Bozic MD, MBA			Date of Receipt
Mailing Address 4360 River Garden Trail			<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6876564
Austin	TX	78746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="1000.00"/>
Name of Employer	Occupation		
University of Texas	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 249 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John Frederick Cook MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1441 Avocado Ave Ste 802
 City Newport Beach State CA Zip Code 92660-7709
 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 M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : 6876566
 Amount of Each Receipt this Period
 500.00

B. Karl E Rathjen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Orthopaedics
 2222 Welborn St
 City Dallas State TX Zip Code 75219-3993
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Texas Scottish Rite Hospital Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : 6876569
 Amount of Each Receipt this Period
 1000.00

C. Howard R Epps MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1936 Wroxton Road
 City Houston State TX Zip Code 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : 6876581
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Scott Beecher Scutchfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1591 Lexington Rd
 City Danville State KY Zip Code 40422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Veterans Administration Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2015
Transaction ID : 6876582
 Amount of Each Receipt this Period 500.00

B. Adam I Harris MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1814 Fawn Bluff
 City San Antonio State TX Zip Code 78248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Antonio Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2015
Transaction ID : 6876583
 Amount of Each Receipt this Period 250.00

C. David Jevsevar MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 870
 City Grantham State NH Zip Code 03753-0870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dartmouth-Hitchcock Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2015
Transaction ID : 6876584
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Harry E Rubash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Harvard Affl Hospitals
 55 Fruit St YAW 3700
 City Boston State MA Zip Code 02114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts General Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : 6876585
 Amount of Each Receipt this Period
1000.00

B. Mark Gillespy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Riverside Dr
 City Ormond Beach State FL Zip Code 32176-6504
 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 **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2015
Transaction ID : 6876586
 Amount of Each Receipt this Period
500.00

C. Eric Truumees MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1508 Windsor Rd
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seton Medical Center 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
 03 / 12 / 2015
Transaction ID : 6876587
 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kenneth N Adatto MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1208 Philip St
 City New Orleans State LA Zip Code 70130
 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 **03 / 12 / 2015**
Transaction ID : 6876589
 Amount of Each Receipt this Period **500.00**

B. William H Spellman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Central Montgomery Ortho 1011 S Broad St
 City Lansdale State PA Zip Code 19446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Montgomery Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 12 / 2015**
Transaction ID : 6876590
 Amount of Each Receipt this Period **250.00**

C. Michael A Mont MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Grenadier Ct
 City Owing Mills State MD Zip Code 21117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sinai Hospital of Baltimore Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 12 / 2015**
Transaction ID : 6876591
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 253 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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

A. C Anderson Engh Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 Greenwood Pl
 City Alexandria State VA Zip Code 22304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anderson Clinic 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
 03 / 17 / 2015
Transaction ID : 6877523
 Amount of Each Receipt this Period
 1000.00

B. Chad A Krueger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14827 Forward Pass
 City San Antonio State TX Zip Code 78248-0974
 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 ▼ 740.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2015
Transaction ID : 6877525
 Amount of Each Receipt this Period
 650.00

c. Chad A Krueger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14827 Forward Pass
 City San Antonio State TX Zip Code 78248-0974
 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 ▼ 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2015
Transaction ID : 6877527
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	1735.00
TOTAL This Period (last page this line 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 254 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Stephen G J Eckrich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5511 Shooting Star Trail
 City State Zip Code
 Rapid City SD 57702-8867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Black Hills Orthopaedic & Spine Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : 6877528
 Amount of Each Receipt this Period
 83.50

B. Chad A Krueger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14827 Forward Pass
 City State Zip Code
 San Antonio TX 78248-0974
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 US Army Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2015
Transaction ID : 6877695
 Amount of Each Receipt this Period
 175.00

C. Milan M Patel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3836 Sidestreet
 City State Zip Code
 Atlanta GA 30341
 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : 6884931
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1258.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Ken Yamaguchi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2015 Brook Hill Ridge Drive
 City State Zip Code
 TwN And Cntry MO 63017-7958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Washington Univ of St. Louis Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : 6884932
 Amount of Each Receipt this Period
 1000.00

B. Raj D Rao MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Medical College of Wisconsin
 9200 W Wisconsin Ave
 City State Zip Code
 Milwaukee WI 53226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical College of Wisconsin Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : 6885818
 Amount of Each Receipt this Period
 250.00

C. Todd A Schmidt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2865 Lake Park Drive
 City State Zip Code
 Jonesboro GA 30236-4133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southern Orthopaedic Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2015
Transaction ID : 6886253
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional).....▶	1334.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David R Chandler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 Middle Plantation Ln
 City State Zip Code
 Gulf Breeze FL 32561-4899
 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 ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2015
Transaction ID : 6886254
 Amount of Each Receipt this Period
 85.00

B. Jeffrey P Beckenbaugh DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1302 Lecy Lane NE
 City State Zip Code
 Stewartville MN 55976-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Olmsted Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2015
Transaction ID : 6886255
 Amount of Each Receipt this Period
 100.00

C. Eric Louis Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1573 Beacon St
 City State Zip Code
 Waban MA 02468-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tufts Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2015
Transaction ID : 6886256
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 269.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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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

A. Basil R Besh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6135 Clubhouse Dr
 City Pleasanton State CA Zip Code 94566-9864
 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 ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2015
Transaction ID : 6886257
 Amount of Each Receipt this Period
 85.00

B. Andrew James Hvidston MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3321 River Dr
 City Fargo State ND Zip Code 58104-6261
 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 Y
 03 / 21 / 2015
Transaction ID : 6886260
 Amount of Each Receipt this Period
 500.00

C. Robert J Benz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2107 Linden Lake Road
 City Fort Collins State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho & Spine Ctr of Rockies
 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
 03 / 21 / 2015
Transaction ID : 6886288
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1085.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 OF 563
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Frank P Giammattei MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Woodbrook Rd
 City Swarthmore State PA Zip Code 19081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 22 / 2015
Transaction ID : 6886289
 Amount of Each Receipt this Period 83.33

B. Thomas John Haverbush MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 E Warwick Rd Ste A
 City Alma State MI Zip Code 48801-1013
 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 03 / 22 / 2015
Transaction ID : 6886292
 Amount of Each Receipt this Period 200.00

C. Sydney Pardino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Champagne Cir
 City Rancho Mirage State CA Zip Code 92270-2736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OIC Medical Corporation Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2015
Transaction ID : 6886295
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 533.33
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 259 OF 563
(check only one)
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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

A. Donald A Hackbarth Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address N70 W14567 Terrace Drive
 City Menomonee Falls State WI Zip Code 53051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical College of Wisconsin Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2015
Transaction ID : 6890503
 Amount of Each Receipt this Period 500.00

B. Roshan P. Shah MD, JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Morningside Drive Apt 515
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPenn Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 24 / 2015
Transaction ID : 6891628
 Amount of Each Receipt this Period 85.00

C. Stephen A Cord MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4110 22nd Pl
 City Lubbock State TX Zip Code 79410-1143
 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 03 / 16 / 2015
Transaction ID : 6895711
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1085.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 260 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Rodney E Brenneman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 North Pointe Blvd
 City Lancaster State PA Zip Code 17601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Lancaster 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
 03 / 16 / 2015
Transaction ID : 6895712
 Amount of Each Receipt this Period
 1000.00

B. Kathyne Stable MD, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Royal Hunt Way
 City Lititz State PA Zip Code 17543-7614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke 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 Y
 03 / 16 / 2015
Transaction ID : 6895713
 Amount of Each Receipt this Period
 1000.00

C. David P Hughes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 914 Pennwood Circle
 City Lancaster State PA Zip Code 17601-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Lancaster 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
 03 / 16 / 2015
Transaction ID : 6895714
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 261 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. George V Russell Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Hawthorne Vale
 City Ridgeland State MS Zip Code 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 ▼ 255.00

Date of Receipt 03 / 16 / 2015
Transaction ID : 6895715
 Amount of Each Receipt this Period 85.00

B. Michael W Gish MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2630 Old Orchard Rd
 City Lancaster State PA Zip Code 17601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Lancaster Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2015
Transaction ID : 6895716
 Amount of Each Receipt this Period 1000.00

C. Michael Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 North Pointe Blvd
 City Lancaster State PA Zip Code 17601-4132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Lancaster Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2015
Transaction ID : 6895722
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2085.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Frank Mike Essis Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2111 Waterford Dr
 City Lancaster State PA Zip Code 17601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Lancaster Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 16 / 2015**
Transaction ID : 6895723
 Amount of Each Receipt this Period **1000.00**

B. Paul Francis Carroll MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 N Pointe Blvd
 City Lancaster State PA Zip Code 17601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Lancaster Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 16 / 2015**
Transaction ID : 6895724
 Amount of Each Receipt this Period **1000.00**

C. Vincent Battista MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1336 Sylvan Road
 City Lancaster State PA Zip Code 17601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Lancaster Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 16 / 2015**
Transaction ID : 6895725
 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

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

FOR LINE NUMBER: PAGE 263 OF 563
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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. Frank Capecci MD

Mailing Address 56 Pheasant Run

City State Zip Code
Kinnelon NJ 07405

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 M / D D D / Y Y Y Y Y Y
03 / 16 / 2015
Transaction ID : 6895726

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Scott P Steinmann MD

Mailing Address 1118 Plummer Circle

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 ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015
Transaction ID : 6895727

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Patrick M Sullivan MD

Mailing Address 6001 Westown Pkwy

City State Zip Code
West Des Moines IA 50266-7702

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

Name of Employer Occupation
Des Moines Ortho Surgeons Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015
Transaction ID : 6895728

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**

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

FOR LINE NUMBER: PAGE 264 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Neal J Labana MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22821 Sun River Drive
 City Frankfort State IL Zip Code 60423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Ortho & Hand Ctr 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
 03 / 16 / 2015
Transaction ID : 6895729
 Amount of Each Receipt this Period
 1000.00

B. Josef Karl Eichinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 North Sunset Drive
 City Tacoma State WA Zip Code 98406
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2015
Transaction ID : 6895730
 Amount of Each Receipt this Period
 250.00

C. Sandra E Glasson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1604 Ferebee Dr
 City Virginia Beach State VA Zip Code 23454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Glasson Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2015
Transaction ID : 6895731
 Amount of Each Receipt this Period
 535.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1785.00
TOTAL This Period (last page this line 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 265 OF 563
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jamil Jacobs-EI MD
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 5110

City River Forest State IL Zip Code 60305

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

Name of Employer Dryer Medical Clinic 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
03 / 16 / 2015

Transaction ID : 6895732

Amount of Each Receipt this Period
750.00

B. Jerry Neville Street MD
Full Name (Last, First, Middle Initial)

Mailing Address 1306 Wentworth Ct

City Houston State TX Zip Code 77055-6874

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 M / D D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : 6895733

Amount of Each Receipt this Period
500.00

C. Michael S Kain MD
Full Name (Last, First, Middle Initial)

Mailing Address 16 Blossom St

City Lexington State MA Zip Code 02421

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

Name of Employer Lahey Hospital 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
03 / 16 / 2015

Transaction ID : 6895734

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Harold Weik FHFMA
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 North Pointe Blvd
 City Lancaster State PA Zip Code 17601-4132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Associates of Lancaster Occupation CEO/Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 16 / 2015**
Transaction ID : 6896948
 Amount of Each Receipt this Period **1000.00**

B. Thomas Milleret Ring MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1911 William Penn Way
 City Lancaster State PA Zip Code 17601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Lancaster Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 16 / 2015**
Transaction ID : 6896949
 Amount of Each Receipt this Period **1000.00**

C. David M Lintner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4115 Merrick Street
 City Houston State TX Zip Code 77025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 16 / 2015**
Transaction ID : 6896950
 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).....

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

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

FOR LINE NUMBER: PAGE 267 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David Turner Jones MD
 Full Name (Last, First, Middle Initial)
 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 Y
 03 / 16 / 2015
Transaction ID : 6896951
 Amount of Each Receipt this Period
 1000.00

B. Eric Jason Strauss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 340 East 64th St Apt 26A
 City New York State NY Zip Code 10065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NYU Hospital for Joint Diseases 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
 03 / 16 / 2015
Transaction ID : 6896952
 Amount of Each Receipt this Period
 1000.00

C. Joel Horning MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1888 Windy Hill Rd
 City Lancaster State PA Zip Code 17602-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Associates of Lancaster 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
 03 / 16 / 2015
Transaction ID : 6896964
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. James H Carson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Belgian Way
 City Lititz State PA Zip Code 17543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Lancaster Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 16 / 2015**
Transaction ID : 6896965
 Amount of Each Receipt this Period **1000.00**

B. Jeffrey Conly DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 North Pointe Blvd
 City Lancaster State PA Zip Code 17601-4132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Lancaster Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 16 / 2015**
Transaction ID : 6896969
 Amount of Each Receipt this Period **1000.00**

C. William Lewis Craig MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 423 Arbor Rd
 City Winston Salem State NC Zip Code 27104-2019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoCarolina Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 16 / 2015**
Transaction ID : 6896970
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **2250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Allen Sanders Kent MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6358 Lansdale
 City Fort Worth State TX Zip Code 76116
 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 Y
 03 / 16 / 2015
Transaction ID : 6896971
 Amount of Each Receipt this Period
 300.00

B. Scott Snow Cooper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8296 W Brown Rd
 City Lowell State AR Zip Code 72745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Clinic 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 Y
 03 / 16 / 2015
Transaction ID : 6896972
 Amount of Each Receipt this Period
 300.00

C. David W Edelman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6504 Pickens St.
 City Houston State TX Zip Code 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 Y
 03 / 16 / 2015
Transaction ID : 6896973
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="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. Kyle P Shepperson MD		Date of Receipt
Mailing Address 5 Benton Place		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
Saint Louis	MO	63104
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Precision Orthopaedics	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : 6896975
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) B. Young Jo Kim MD, PhD		Date of Receipt
Mailing Address Hunnewell 225 300 Longwood Ave		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
Boston	MA	02115
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Boston Children's Hospital	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : 6896977
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) C. Paul A Manner MD		Date of Receipt
Mailing Address 2222 78th Avenue SE		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Mercer Island	WA	98040
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
University of Washington	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : 6898435
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Adrian B Ryan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3831 Piper St Ste S220
 City Anchorage State AK Zip Code 99508-4642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anchorage Fracture & Ortho 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 Y
 03 / 25 / 2015
Transaction ID : 6898449
 Amount of Each Receipt this Period
1000.00

B. Kent R Adamson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 Via Rancho
 City San Clemente State CA Zip Code 92672-4540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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
 03 / 25 / 2015
Transaction ID : 6898460
 Amount of Each Receipt this Period
250.00

C. Kevin B Shrock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 SE 3rd Ave
 City Fort Lauderdale State FL Zip Code 33316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ft. Lauderdale 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 Y
 03 / 25 / 2015
Transaction ID : 6898471
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 272 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jim K Hudson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13904 West El Bonito
 City State Zip Code
 Ocean Springs MS 39564-5711
 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 M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : 6898473
 Amount of Each Receipt this Period
 250.00

B. Michael Suk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1095 Limestoneville Road
 City State Zip Code
 Milton PA 17847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Geisinger Medical System Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : 6898474
 Amount of Each Receipt this Period
 250.00

C. Stephen F Mitros MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 51045 Erin Glen Dr
 City State Zip Code
 Granger IN 46530
 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 ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2015
Transaction ID : 6898475
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 585.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 B Fleeter MD		Date of Receipt
Mailing Address 1860 Town Ctr Dr Ste 300		M M M / D D D / Y Y Y Y Y Y 03 / 26 / 2015
City	State	Zip Code
Reston	VA	20190
FEC ID number of contributing federal political committee.	Transaction ID : 6898537	
	Amount of Each Receipt this Period	
	500.00	
Name of Employer	Occupation	
Town Center Ortho Associates	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Herbert L Kunkle MD		Date of Receipt
Mailing Address 276 Hawksworth Dr		M M M / D D D / Y Y Y Y Y Y 03 / 26 / 2015
City	State	Zip Code
Oxford	PA	19363-2524
FEC ID number of contributing federal political committee.	Transaction ID : 6901503	
	Amount of Each Receipt this Period	
	250.00	
Name of Employer	Occupation	
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	250.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Nicholas Rajacich MD		Date of Receipt
Mailing Address 619 North I Street		M M M / D D D / Y Y Y Y Y Y 03 / 26 / 2015
City	State	Zip Code
Tacoma	WA	98403-2009
FEC ID number of contributing federal political committee.	Transaction ID : 6902258	
	Amount of Each Receipt this Period	
	600.00	
Name of Employer	Occupation	
Multicare Health System	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	600.00	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bernard G Kirol MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Buckthorn Circle
 City Elgin State SC Zip Code 29045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midlands Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : 6902372
 Amount of Each Receipt this Period
 75.00

B. Lawrence L Lenderman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Branch Oak Way
 City Shavano Park State TX Zip Code 78230
 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 M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : 6904578
 Amount of Each Receipt this Period
 500.00

C. Vincent E Vena MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 528 Waterfall Dr
 City Johnstown State PA Zip Code 15906
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : 6904579
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	825.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 A Halsey MD		Date of Receipt
Mailing Address 192 Tilley Drive		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
South Burlington	VT	05403-4440
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Fletcher Allen Health Care	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : 6904744
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) B. Wagdy S Rizk MD		Date of Receipt
Mailing Address 3542 Smith Rd		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Beaumont	TX	77713
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : 6905378
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) C. Stefan Kreuzer MD		Date of Receipt
Mailing Address 431 Pinehaven Dr		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Houston	TX	77024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Memorial Bone & Joint	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	
		Transaction ID : 6905379
		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="2750.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 276 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sam V Sydney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 W Bay View Dr
 City Annapolis State MD Zip Code 21403-3804
 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 M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : 6905381
 Amount of Each Receipt this Period
 1000.00

B. Thomas S Muzzonigro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Tri Rivers Surgical Assoc
 9104 Babcock Blvd Ste 2120
 City Pittsburgh State PA Zip Code 15237
 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 M / D D D / Y Y Y Y Y Y
 03 / 27 / 2015
Transaction ID : 6905382
 Amount of Each Receipt this Period
 1000.00

C. Carolyn Hettrich MD, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2983 Oliver Lane NE
 City Iowa City State IA Zip Code 52240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Iowa
 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
 03 / 27 / 2015
Transaction ID : 6905384
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 277 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jeffery D Angel MD
Full Name (Last, First, Middle Initial)

Mailing Address 501 Virginia Dr Ste C

City Batesville State AR Zip Code 72501-7331

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 ▼
252.00

Date of Receipt
03 / 28 / 2015
Transaction ID : 6905455

Amount of Each Receipt this Period
84.00

B. David D Sieger MD
Full Name (Last, First, Middle Initial)

Mailing Address 31 Olde Mill Ct

City Lititz State PA Zip Code 17543-8323

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

Name of Employer Occupation
Orthopaedic Associates of Lancaster Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 23 / 2015
Transaction ID : 6914781

Amount of Each Receipt this Period
1000.00

C. Andre Michael Ishak MD
Full Name (Last, First, Middle Initial)

Mailing Address 2221 Wankel Way

City Oxnard State CA Zip Code 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 ▼
250.00

Date of Receipt
03 / 23 / 2015
Transaction ID : 6914782

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1334.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Peter D Wood MD
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Poppy Field Ct

City Longmont State CO Zip Code 80503-4101

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

Name of Employer Front Range Orthopaedics 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
 03 / 23 / 2015
Transaction ID : 6914784

Amount of Each Receipt this Period
 1000.00

B. James Hon Kit Lau MD
Full Name (Last, First, Middle Initial)

Mailing Address 1820 Catlin St

City Fullerton State CA Zip Code 92833

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 M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : 6914785

Amount of Each Receipt this Period
 250.00

C. Keith D Osborn MD
Full Name (Last, First, Middle Initial)

Mailing Address 1840 Ridgfield Dr

City Roswell State GA Zip Code 30075

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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : 6914786

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 279 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Thomas S Samuelson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12101 Catalina St
 City Leawood State KS Zip Code 66209-1508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kansas City Bone & Joint Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : 6914798
 Amount of Each Receipt this Period
 375.00

B. Matthew Roberts MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 E 72nd St Apt 9C
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hospital for Special Surgery Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2015
Transaction ID : 6914799
 Amount of Each Receipt this Period
 500.00

C. David M Kaehr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3942 Oakleaf Dr
 City Zionsville State IN Zip Code 46077
 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : 6914808
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 280 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John Charles Kofoed MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2619 Seminole Ct
 City State Zip Code
 Fairfield CA 94534-7871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sutter Medical Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : 6914809
 Amount of Each Receipt this Period
 84.00

B. Jeffrey Brian McIntosh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 Broadway
 City State Zip Code
 Mt Vernon IL 62864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NOI Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : 6914811
 Amount of Each Receipt this Period
 1000.00

C. Haik G Kavookjian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 Newfield Ave.
 City State Zip Code
 Stamford CT 06905
 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 ▼
 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : 6914816
 Amount of Each Receipt this Period
 950.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2034.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 281 OF 563	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	12
				<input type="checkbox"/>	16
				<input type="checkbox"/>	17

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

A. Chitranjan S Ranawat MD

Full Name (Last, First, Middle Initial)

Mailing Address 535 East 70th St 6th Fl
Suite 637

City State Zip Code
New York NY 10021

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hospital for Special Surgery Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : 6914817

Amount of Each Receipt this Period

B. Daniel I Singer MD

Full Name (Last, First, Middle Initial)

Mailing Address 1401 South Beretania St
Suite 750

City State Zip Code
Honolulu HI 96814

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ortho Assoc of Hawaii Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : 6914818

Amount of Each Receipt this Period

C. John W Acampa MD

Full Name (Last, First, Middle Initial)

Mailing Address 64 Bayberry Rd W

City State Zip Code
Islip NY 11751

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : 6914819

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1650.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 282 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Lorence W Trick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 509
 City Elmendorf State TX Zip Code 78112-0509
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : 6914820
 Amount of Each Receipt this Period
 250.00

B. Mininder S Kocher MD, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Strawberry Hill
 City Dover State MA Zip Code 02030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston Children's 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 Y
 03 / 30 / 2015
Transaction ID : 6914821
 Amount of Each Receipt this Period
 250.00

C. Robert Mueller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4632 Stonehaven Drive
 City Columbus State OH Zip Code 43220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic & Sports Medicine Center 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 Y
 03 / 30 / 2015
Transaction ID : 6914822
 Amount of Each Receipt this Period
 300.00

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

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

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

FOR LINE NUMBER: PAGE 283 OF 563
(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. James Albert Nunley II, MD		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2015 Transaction ID : 6914823
Mailing Address 4709 Creekstone Drive Suite 200		Amount of Each Receipt this Period 500.00
City Durham	State NC	
Zip Code 27703-0016		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Duke University Medical Center	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard W Springstead MD		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2015 Transaction ID : 6914825
Mailing Address 33 Ponce de Leon Blvd		Amount of Each Receipt this Period 250.00
City Brooksville	State FL	
Zip Code 34601-3217		Aggregate Year-to-Date ▼ 250.00
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) ▼		

Full Name (Last, First, Middle Initial) C. Brian D Mulliken MD		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2015 Transaction ID : 6914847
Mailing Address 35 Brett Manor Ct		Amount of Each Receipt this Period 250.00
City Hunt Valley	State MD	
Zip Code 21030		Aggregate Year-to-Date ▼ 250.00
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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 284 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Carl Michael Adolph Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1118 Persimmon Dr
 City Lancaster State PA Zip Code 17601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Lancaster Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 30 / 2015**
Transaction ID : 6914848
 Amount of Each Receipt this Period **1000.00**

B. Gannon B Randolph MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9851 Southview Dr
 City Rogers State AR Zip Code 72756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Clinic Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 30 / 2015**
Transaction ID : 6914849
 Amount of Each Receipt this Period **1000.00**

C. James Nace DO, PT
 Full Name (Last, First, Middle Initial)
 Mailing Address 12993 Jerome Jay Drive
 City Cocksவில் State MD Zip Code 21030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lifebridge Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 30 / 2015**
Transaction ID : 6914850
 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 285 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. George F Muschler MD
 Full Name (Last, First, Middle Initial)
 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 Cleveland Clinic 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
 03 / 30 / 2015
Transaction ID : 6914851
 Amount of Each Receipt this Period
 500.00

B. Joseph P Iannotti MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Orthopaedic Surgery
 9500 Euclid Ave A-41
 City Cleveland State OH Zip Code 44195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic 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
 03 / 30 / 2015
Transaction ID : 6914857
 Amount of Each Receipt this Period
 500.00

C. Deanna M Boyette MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 Daventry Dr
 City Greenville State NC Zip Code 27858-6513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OEI 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
 03 / 30 / 2015
Transaction ID : 6914858
 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**

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

FOR LINE NUMBER: PAGE 286 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David W Polly Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7405 Hyde Park Dr
 City State Zip Code
 Minneapolis MN 55439-1741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Minnesota Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : 6914865
 Amount of Each Receipt this Period
 1000.00

B. E Jeff Kennedy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Johnstone Dr
 City State Zip Code
 Madison MS 39110-7686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capital Orthopaedic Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : 6914866
 Amount of Each Receipt this Period
 1000.00

C. James J York MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 Sandgate Ct.
 City State Zip Code
 Millersville MD 21108-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Chesapeake Ortho & Sports Medicine Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : 6914867
 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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 287 OF 563
<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. Andrew J Palafox MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 331 Crown Point Dr.
 City El Paso State TX Zip Code 79912-4805
 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 **600.00**

Date of Receipt **03 / 31 / 2015**
Transaction ID : 6914868
 Amount of Each Receipt this Period **600.00**

B. Steven F Schutzer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 Seymour Street Suite 607
 City Hartford State CT Zip Code 06106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Associates of Hartford Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 31 / 2015**
Transaction ID : 6914870
 Amount of Each Receipt this Period **1000.00**

C. Ronald Emilio Delanois MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Brookfield Garth
 City Lutherville State MD Zip Code 21093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sinai Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2000.00**

Date of Receipt **03 / 31 / 2015**
Transaction ID : 6914872
 Amount of Each Receipt this Period **2000.00**

SUBTOTAL of Receipts This Page (optional).....	3600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 288 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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. Giles R Scuderi MD		Date of Receipt
Mailing Address 56 Second St		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code Garden City NY 11530		Transaction ID : 6915420
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation North Shore LIJ Health System Orthopaedic Surgeon		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. Michael Edward Russell II, MD		Date of Receipt
Mailing Address 5930 Brixworth Dr.		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code Tyler TX 75703		Transaction ID : 6915421
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Self Employed Orthopaedic Surgeon		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. Andrew Lawrence Whaley MD		Date of Receipt
Mailing Address 46 Cabernet		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code San Antonio TX 78258		Transaction ID : 6915422
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Self Employed Orthopaedic Surgeon		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 289 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David R Steinberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 New Albany Rd
 City State Zip Code
 Moorestown NJ 08057-1318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Pennsylvania Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : 6915424
 Amount of Each Receipt this Period
 1000.00

B. Adolph J Yates Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Mallard Dr
 City State Zip Code
 Pittsburgh PA 15238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ of Pittsburgh Med Ctr Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2015
Transaction ID : 6915425
 Amount of Each Receipt this Period
 400.00

c. Sheila Marie Algan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 NW 42nd St
 City State Zip Code
 Oklahoma City OK 73118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OU Physicians Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2015
Transaction ID : 6915506
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 290 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. S Glen Neale MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Rams Roc Rd
 City Elmore State VT Zip Code 05661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North County 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 Y
 04 / 01 / 2015
Transaction ID : 6916125
 Amount of Each Receipt this Period
 250.00

B. Jerry W Van Meter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 Pensacola St
 City Honolulu State HI Zip Code 96814-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HPKG 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
 04 / 02 / 2015
Transaction ID : 6919549
 Amount of Each Receipt this Period
 1000.00

C. Ronald W B Wyatt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 533 Carleton Way
 City Alamo State CA Zip Code 94507
 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 Y
 04 / 03 / 2015
Transaction ID : 6920692
 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**

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

FOR LINE NUMBER: PAGE 291 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David J Mansfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1720 Murchison Drive
 City El Paso State TX Zip Code 79902-2921
 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 ▼ 340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2015
Transaction ID : 6921319
 Amount of Each Receipt this Period
 85.00

B. Neal D Lintecum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 789 N 1500 Road
 City Lawrence State KS Zip Code 66049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Kansas 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 Y
 04 / 05 / 2015
Transaction ID : 6921320
 Amount of Each Receipt this Period
 100.00

C. David K Solacoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1107 Barley Mill Road
 City Wilmington State DE Zip Code 19807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Casscells 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 Y
 04 / 05 / 2015
Transaction ID : 6921325
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 685.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 292 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Patrick T McCulloch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Caley Drive
 City Canonsburg State PA Zip Code 15317-5990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Orthopaedics & Rehabilitation Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **336.00**

Date of Receipt **04 / 06 / 2015**
Transaction ID : 6921326
 Amount of Each Receipt this Period **84.00**

B. Robert Louis Pierron MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30765 Overlook Run
 City Buena Vista State CO Zip Code 81211-9836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer College Park Family Care Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **04 / 06 / 2015**
Transaction ID : 6921327
 Amount of Each Receipt this Period **300.00**

C. John W Durham MD
 Full Name (Last, First, Middle Initial)
 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 **1000.00**

Date of Receipt **04 / 07 / 2015**
Transaction ID : 6925475
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	1384.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 293 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Cass K Nakasone MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3758 Old Pali Rd
 City Honolulu State HI Zip Code 96817-1067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hawaii Pacific Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 09 / 2015
Transaction ID : 6931756
 Amount of Each Receipt this Period 300.00

B. Neil J Maki MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.00

Date of Receipt 04 / 06 / 2015
Transaction ID : 6948457
 Amount of Each Receipt this Period 500.00

C. Colin C Heinle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 479 Massachusetts Ave Apt 3
 City Boston State MA Zip Code 02118-1156
 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 04 / 06 / 2015
Transaction ID : 6948463
 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).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 294 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John C Rodgers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2163 Meadow Ridge Dr
 City Lancaster State PA Zip Code 17601-5762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Lancaster 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
 04 / 06 / 2015
Transaction ID : 6948465
 Amount of Each Receipt this Period
 1000.00

B. James H Van Olst MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 SW Washington Ave #605
 City Corvallis State OR Zip Code 97333
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : 6948467
 Amount of Each Receipt this Period
 250.00

c. Mark J Ghilarducci MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2231 Wankel Way
 City Oxnard State CA Zip Code 93030-0192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ventura 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
 04 / 06 / 2015
Transaction ID : 6948470
 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**

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

FOR LINE NUMBER: PAGE 295 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mitchell Forest Reiter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Ravine Lake Rd
 City State Zip Code
 Bernardsville NJ 07924-1408
 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 M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : 6948478
 Amount of Each Receipt this Period
 250.00

B. Thomas O Clanton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 181 W Meadow Dr Suite 200
 City State Zip Code
 Vail CO 81657
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Steadman Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : 6948480
 Amount of Each Receipt this Period
 500.00

C. Robert C Durkin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2721 Huapala St
 City State Zip Code
 Honolulu HI 96822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hawaii Pacific Health Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : 6948509
 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	FOR LINE NUMBER: (check only one)	PAGE 296 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James R Santangelo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 355 Edinburgh Dr
 City Fayetteville State NC Zip Code 28303
 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 Y
 04 / 06 / 2015
Transaction ID : 6948510
 Amount of Each Receipt this Period
 500.00

B. Matthew R Hwang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3423 Deer Creek Trail
 City Saint Cloud State MN Zip Code 56301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Cloud 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 Y
 04 / 06 / 2015
Transaction ID : 6948511
 Amount of Each Receipt this Period
 500.00

C. Brian J Wuebkenberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1053 Chad Avenue
 City Jasper State IN Zip Code 47546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial 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 Y
 04 / 06 / 2015
Transaction ID : 6948515
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 297 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Pietro M Tonino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1351 Keystone Ave
 City River Forest State IL Zip Code 60305-1010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loyola University Medical 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 Y
 04 / 06 / 2015
Transaction ID : 6948519
 Amount of Each Receipt this Period
1000.00

B. Wade P McAlister MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4899 Montrose Blvd #1206
 City Houston State TX Zip Code 77006-6168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT Health 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
 04 / 06 / 2015
Transaction ID : 6948526
 Amount of Each Receipt this Period
1000.00

C. Edward S Homan Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 329 St Augustine Ave
 City Temple Terrace State FL Zip Code 33617-7229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VA 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 Y
 04 / 06 / 2015
Transaction ID : 6948527
 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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 298 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Kumar Sinha MD			Date of Receipt
Mailing Address 140 Knightsbridge			<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6948566
Watchung	NJ	07069-6400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
University Spine Center	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Charles Richard Clark MD			Date of Receipt
Mailing Address 9 Wildberry Ct NE			<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6948567
Iowa City	IA	52240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Univ of Iowa Hospitals & Clinics	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. James G Warmbrod Jr, MD			Date of Receipt
Mailing Address 947 Grayson Ln			<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6948568
Jackson	TN	38305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Jackson Clinic	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 299 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stephen John Zabinski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3203 Sunset Ave
 City Longport State NJ Zip Code 08403-1531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shore Orthopaedic Univ 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
 04 / 06 / 2015
Transaction ID : 6948569
 Amount of Each Receipt this Period
 250.00

B. William J Maloney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 Broadway Mail Code 6342
 City Redwood City State CA Zip Code 94063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stanford University 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
 04 / 10 / 2015
Transaction ID : 6948692
 Amount of Each Receipt this Period
 1000.00

C. John Thomas Killian MD, BOC
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 Sterrett Ave
 City Birmingham State AL Zip Code 35209
 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 M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 6948714
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 300 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gregory A Mencio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 906 Riverbend Rd
 City Nashville State TN Zip Code 37221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt University 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
 04 / 10 / 2015
Transaction ID : 6949279
 Amount of Each Receipt this Period
 1000.00

B. James Alexander Foley MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : 6950293
 Amount of Each Receipt this Period
 1000.00

C. Jeffrey C Wint MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Hand Center of Western Mass
 3550 Main St Ste 204
 City Springfield State MA Zip Code 01107-1708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Hand Center of Western MA 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
 04 / 10 / 2015
Transaction ID : 6950316
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joseph E Alhadeff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 710 Oakwood Dr
 City Red Lion State PA Zip Code 17356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic & Spine Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 12 / 2015**
Transaction ID : 6950403
 Amount of Each Receipt this Period **1000.00**

B. David E Haynes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1620 Estates Dr
 City Waco State TX Zip Code 76712
 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 **04 / 12 / 2015**
Transaction ID : 6950408
 Amount of Each Receipt this Period **500.00**

C. Nicholas Rajacich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 North I Street
 City Tacoma State WA Zip Code 98403-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Multicare Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **850.00**

Date of Receipt **04 / 13 / 2015**
Transaction ID : 6952867
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 302 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Robert J Heaps MD			Date of Receipt M M / D D / Y Y Y Y Y 04 / 14 / 2015 Transaction ID : 6952870		
Mailing Address 66 Colonel Daniels Dr			Amount of Each Receipt this Period 500.00		
City Bedford	State NH	Zip Code 03110-5010			
FEC ID number of contributing federal political committee. C					
Name of Employer New Hampshire Orthopaedic Center		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) B. Paul G Johnson MD			Date of Receipt M M / D D / Y Y Y Y Y 04 / 14 / 2015 Transaction ID : 6955957		
Mailing Address 18646 Vogel Farm Trail			Amount of Each Receipt this Period 1000.00		
City Eden Prairie	State MN	Zip Code 55347			
FEC ID number of contributing federal political committee. C					
Name of Employer Park Nicollet Clinic		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) C. Thomas B Fleeter MD			Date of Receipt M M / D D / Y Y Y Y Y 04 / 14 / 2015 Transaction ID : 6957640		
Mailing Address 1860 Town Ctr Dr Ste 300			Amount of Each Receipt this Period 500.00		
City Reston	State VA	Zip Code 20190			
FEC ID number of contributing federal political committee. C					
Name of Employer Town Center Ortho Associates		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 303 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Michael P Gruber MD		Date of Receipt MM / DD / YYYY 04 / 14 / 2015 Transaction ID : 6957643
Mailing Address 135 Torrey Pines Ct		Amount of Each Receipt this Period 500.00
City Newnan	State GA	Zip Code 30265-2035
FEC ID number of contributing federal political committee. C	Name of Employer Georgia Bone & Joint Surgeons	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Evander F Fogle MD		Date of Receipt MM / DD / YYYY 04 / 14 / 2015 Transaction ID : 6957648
Mailing Address 1630 Pucketts Dr SW		Amount of Each Receipt this Period 150.00
City Lilburn	State GA	Zip Code 30047-5615
FEC ID number of contributing federal political committee. C	Name of Employer Resurgens Orthopaedics	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Damian Michael Andrisani MD		Date of Receipt MM / DD / YYYY 04 / 14 / 2015 Transaction ID : 6957653
Mailing Address 35 Springbrook Ln		Amount of Each Receipt this Period 250.00
City Newark	State DE	Zip Code 19711-2497
FEC ID number of contributing federal political committee. C	Name of Employer Delaware Ortho Center	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 304 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeffrey M Nakano MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 699 Cascade Dr
 City Grand Junction State CO Zip Code 81506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rocky Mountain Ortho 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 Y
 04 / 15 / 2015
Transaction ID : 6957657
 Amount of Each Receipt this Period
500.00

B. Drew A Brady MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 North Buckridge Drive
 City Greenville State DE Zip Code 19807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 04 / 15 / 2015
Transaction ID : 6962200
 Amount of Each Receipt this Period
1000.00

C. James K Baker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 Belvin St
 City San Marcos State TX Zip Code 78666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 04 / 15 / 2015
Transaction ID : 6969600
 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**

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

FOR LINE NUMBER: PAGE 305 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John Paul Houde MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Mascoma Street
 City Lebanon State NH Zip Code 03766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alice Peck Day Hospital 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
 04 / 16 / 2015
Transaction ID : 6970151
 Amount of Each Receipt this Period
 300.00

B. Richard N Weinstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Long Pond Rd
 City Armonk State NY Zip Code 10504-2626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bone & Joint Specialists 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
 04 / 16 / 2015
Transaction ID : 6970679
 Amount of Each Receipt this Period
 250.00

c. Benjamin N Rosenberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Ridge Rd.
 City Cornwall State VT Zip Code 05753-9807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Champlain Valley Orthopaedics 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
 04 / 16 / 2015
Transaction ID : 6970861
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Donald A Deinlein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5121 Clairmont Ave
 City Birmingham State AL Zip Code 35222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Alabama Health Foundation 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
 04 / 16 / 2015
Transaction ID : 6970866
 Amount of Each Receipt this Period
250.00

B. Brian Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8509 E Appaloosa Trail
 City Scottsdale State AZ Zip Code 85258
 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 Y
 04 / 16 / 2015
Transaction ID : 6970921
 Amount of Each Receipt this Period
1000.00

C. Andrew Roger Curran DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4262 S Rustler Ln
 City Meridian State ID Zip Code 83642
 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 Y
 04 / 17 / 2015
Transaction ID : 6971972
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 307 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John Michael Rayhack MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13914 Shady Shores Dr
 City Tampa State FL Zip Code 33613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Wrist & Hand Center 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 Y
 04 / 17 / 2015
Transaction ID : 6971974
 Amount of Each Receipt this Period
300.00

B. Chad A Krueger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14827 Forward Pass
 City San Antonio State TX Zip Code 78248-0974
 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 **1085.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : 6971975
 Amount of Each Receipt this Period
85.00

C. Travis Jay Kemp MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1398 E Versailles Ct
 City Boise State ID Zip Code 83706-6709
 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 Y
 04 / 17 / 2015
Transaction ID : 6972678
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **1385.00**
TOTAL This Period (last page this line 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 308 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Stephen G J Eckrich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5511 Shooting Star Trail
 City State Zip Code
 Rapid City SD 57702-8867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Black Hills Orthopaedic & Spine Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 334.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : 6973104
 Amount of Each Receipt this Period
 83.50

B. Thomas E Baumgarten MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Ridgeland Dr
 City State Zip Code
 Greenville SC 29601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bon Secours Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : 6973106
 Amount of Each Receipt this Period
 500.00

C. Alexandra Elizabeth Page MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Coast Blvd Unit 12B
 City State Zip Code
 La Jolla CA 92037
 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : 6973111
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1333.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 309 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Howard R Brown MD, FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 East Church Street
 City Martinsville State VA Zip Code 24112
 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 Y
 04 / 19 / 2015
Transaction ID : 6973491
 Amount of Each Receipt this Period
 500.00

B. J Wesley Mesko MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2815 S Pennsylvania Ave Ste 204
 City Lansing State MI Zip Code 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 ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2015
Transaction ID : 6973496
 Amount of Each Receipt this Period
 1000.00

c. Marc Romyne Davidson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2088 Alpine Dr
 City West Linn State OR Zip Code 97068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advantage Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2015
Transaction ID : 6973498
 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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 310 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John J McCrosson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2749 Fountainhead Way
 City Mt Pleasant State SC Zip Code 29466-8590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roper St Francis Healthcare Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 20 / 2015**
Transaction ID : 6973499
 Amount of Each Receipt this Period **250.00**

B. R Dale Blasier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Hickory Creek Ln
 City Little Rock State AR Zip Code 72212-2500
 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 **04 / 20 / 2015**
Transaction ID : 6973501
 Amount of Each Receipt this Period **1000.00**

C. David J Yasgur MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Katonah Crossing CT
 City Katonah State NY Zip Code 10536-3735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Kisco Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 20 / 2015**
Transaction ID : 6976259
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 311 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kenneth D. Polivy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Gordon Rd
 City Waban State MA Zip Code 02468-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 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
 04 / 20 / 2015
Transaction ID : 6977236
 Amount of Each Receipt this Period
 1000.00

B. Todd A Schmidt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2865 Lake Park Drive
 City Jonesboro State GA Zip Code 30236-4133
 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 ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2015
Transaction ID : 6977239
 Amount of Each Receipt this Period
 84.00

C. David R Chandler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 Middle Plantation Ln
 City Gulf Breeze State FL Zip Code 32561-4899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2015
Transaction ID : 6977240
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	1169.00
TOTAL This Period (last page this line 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 312 OF 563
(check only one)
[X] 11a 11b 11c 12
13 14 15 16 17

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

A. Jeffrey P Beckenbaugh DO
Mailing Address 1302 Lecy Lane NE
City Stewartville State MN Zip Code 55976-2500
FEC ID number of contributing federal political committee. C
Name of Employer Olmsted Medical Center Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 400.00

Date of Receipt 04 / 21 / 2015
Transaction ID : 6977242
Amount of Each Receipt this Period 100.00

B. Eric Louis Smith MD
Mailing Address 1573 Beacon St
City Waban State MA Zip Code 02468-1507
FEC ID number of contributing federal political committee. C
Name of Employer Tufts Medical Center Occupation Orthopaedic Surgeon
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 336.00

Date of Receipt 04 / 21 / 2015
Transaction ID : 6977243
Amount of Each Receipt this Period 84.00

C. Basil R Besh MD
Mailing Address 6135 Clubhouse Dr
City Pleasanton State CA Zip Code 94566-9864
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 340.00

Date of Receipt 04 / 21 / 2015
Transaction ID : 6977244
Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional) 269.00
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 313 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. William J Mallon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Prescott Road
 City Center Sandwich State NH Zip Code 03227-3734
 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
 04 / 21 / 2015
Transaction ID : 6977472
 Amount of Each Receipt this Period
250.00

B. Eric T Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Nest Court
 City Wilmington State DE Zip Code 19807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 1st State 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 Y
 04 / 21 / 2015
Transaction ID : 6978857
 Amount of Each Receipt this Period
1000.00

C. Frank P Giammattei MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Woodbrook Rd
 City Swarthmore State PA Zip Code 19081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.32**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2015
Transaction ID : 6979178
 Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....	1333.33
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 314 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ross Alan Benthien MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Lakeview Drive
 City West Hartford State CT Zip Code 06117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Associates of Hartford Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 22 / 2015
Transaction ID : 6979179
 Amount of Each Receipt this Period 250.00

B. Elliot L Gross MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 480 Toyopa Dr
 City Pacific Palisades State CA Zip Code 90272
 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 04 / 16 / 2015
Transaction ID : 6979877
 Amount of Each Receipt this Period 250.00

C. Leslie P Dean MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11556 Tanglewood Lakes Circle
 City Anchorage State AK Zip Code 99516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anchorage Fracture & Ortho Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 16 / 2015
Transaction ID : 6979878
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 315 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Edward A Stokel MD		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 Transaction ID : 6979879
Mailing Address P.O. Box 616		Amount of Each Receipt this Period 500.00
City Petoskey	State MI	Zip Code 49770-0616
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. J Wesley Mesko MD		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 Transaction ID : 6979883
Mailing Address 2815 S Pennsylvania Ave Ste 204		Amount of Each Receipt this Period 1000.00
City Lansing	State MI	Zip Code 48910
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	

Full Name (Last, First, Middle Initial) C. Luis Alexander Miranda Torres MD		Date of Receipt MM / DD / YYYY 04 / 16 / 2015 Transaction ID : 6979884
Mailing Address PMB 327 35 Juan C. Borbon suite 67		Amount of Each Receipt this Period 1000.00
City Guaynabo	State PR	Zip Code 00969
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	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 316 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Paul J Zak MD			Date of Receipt
Mailing Address 879 Harbor Island			<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6979947
Clearwater Beach	FL	33767	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Sergio Viroslav MD			Date of Receipt
Mailing Address 318 Canterbury Hill			<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6979948
San Antonio	TX	78209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
TSAOG	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. George V Russell Jr, MD			Date of Receipt
Mailing Address 102 Hawthorne Vale			<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6980346
Ridgeland	MS	39157	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="85.00"/>
Name of Employer	Occupation		
UMMC	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="340.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1085.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 317 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Christopher C Cooke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Lark Lane
 City Lancaster State PA Zip Code 17603-9699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Lancaster Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 16 / 2015**
Transaction ID : 6980347
 Amount of Each Receipt this Period **1000.00**

B. Jeff Eric Schulman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3851 Barcroft Ln
 City Alexandria State VA Zip Code 22312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Inova Fairfax Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 16 / 2015**
Transaction ID : 6980350
 Amount of Each Receipt this Period **250.00**

C. Vincent P Genovese MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Burkley Dr
 City Greenville State AL Zip Code 42345-2106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Muhlenberg Community Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 16 / 2015**
Transaction ID : 6980352
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 318 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael D Hossack MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Old Colony Rd
 City Hartsdale State NY Zip Code 10530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Montefiore Medical 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
 04 / 16 / 2015
Transaction ID : 6980353
 Amount of Each Receipt this Period
 250.00

B. J Christopher Noonan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Suite 210
 3615 NW Samaritan Dr.
 City Corvallis State OR Zip Code 97330
 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 Y
 04 / 16 / 2015
Transaction ID : 6980354
 Amount of Each Receipt this Period
 500.00

C. Robert Mark Hazel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2327 River Rd
 City Murfreesboro State TN Zip Code 37129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MMC 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
 04 / 16 / 2015
Transaction ID : 6980355
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 319 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Matthew E Wells MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 444 Hendricks Isle Unit 304
 City Fort Lauderdale State FL Zip Code 33301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Florida Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2015
Transaction ID : 6980356
 Amount of Each Receipt this Period 250.00

B. Casey Lee Lagan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 224 E 2nd Street
 City Dumas State TX Zip Code 79029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moore County Hospital District Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2015
Transaction ID : 6980358
 Amount of Each Receipt this Period 500.00

C. Xavier A Duralde MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Suite 700
 2045 Peachtree Road NE
 City Atlanta State GA Zip Code 30309-1476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peachtree Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 16 / 2015
Transaction ID : 6980360
 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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 320 OF 563
<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. Briana Lynn Calore MD		Date of Receipt
Mailing Address 678 County Highway 26		M M M / D D D / Y Y Y Y Y Y 04 / 16 / 2015
City	State	Zip Code
Fly Creek	NY	13337
FEC ID number of contributing federal political committee. C		Transaction ID : 6980361
Name of Employer Bassett Medical		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

Full Name (Last, First, Middle Initial) B. Andrew N Pollak MD		Date of Receipt
Mailing Address 1692 Bullock Circle		M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2015
City	State	Zip Code
Owings Mills	MD	21117
FEC ID number of contributing federal political committee. C		Transaction ID : 6980613
Name of Employer University of Maryland		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

Full Name (Last, First, Middle Initial) C. David Jevsevar MD, MBA		Date of Receipt
Mailing Address P.O. Box 870		M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2015
City	State	Zip Code
Grantham	NH	03753-0870
FEC ID number of contributing federal political committee. C		Transaction ID : 6980776
Name of Employer Dartmouth-Hitchcock		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 321 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Shafic A Sraj MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 Overlook Dr.
 City Bridgeport State WV Zip Code 26330-1022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stonewall Jackson Memorial Hospital 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 Y
 04 / 23 / 2015
Transaction ID : 6980777
 Amount of Each Receipt this Period
 200.00

B. Scott W McCall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 Tramore Ct
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MTBJ Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : 6980778
 Amount of Each Receipt this Period
 1000.00

C. Joel Mayerson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2335 Pinebrook Rd
 City Upper Arlington State OH Zip Code 43220-4327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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
 04 / 23 / 2015
Transaction ID : 6981491
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 322 OF 563	
(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. Thomas C Barber MD

Mailing Address 6 EL Caminito

City	State	Zip Code
Orinda	CA	94563

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

Name of Employer	Occupation
Kaiser Permanente	Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 6981956

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Brian J Galinat MD

Mailing Address 1101 Hillside Rd

City	State	Zip Code
Greenville	DE	19807-2215

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 M / D D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 6982000

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Roshan P. Shah MD, JD

Mailing Address 1 Morningside Drive
Apt 515

City	State	Zip Code
New York	NY	10025

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

Name of Employer	Occupation
UPenn	Resident

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : 6982126

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....▶	1335.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 323 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David Irvine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13012 Sunny Dawn Ct
 City Saint Louis State MO Zip Code 63127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 04 / 24 / 2015
Transaction ID : 6984857
 Amount of Each Receipt this Period
 500.00

B. Robert A Kelly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3084 W Roxboro Rd NE
 City Atlanta State GA Zip Code 30324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 04 / 24 / 2015
Transaction ID : 6984859
 Amount of Each Receipt this Period
 1000.00

C. Gregg Berkowitz MD
 Full Name (Last, First, Middle Initial)
 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 Ortho & Sports Med Inst 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
 04 / 24 / 2015
Transaction ID : 6984861
 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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 324 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Robert Daniel Mastey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 719 Sunset Mountain Dr
 City Chattanooga State TN Zip Code 37421-2076
 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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 6984862
 Amount of Each Receipt this Period
250.00

B. Michael Robert Krueger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 Emerald Way
 City Elizabethtown State KY Zip Code 42701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hardin Memorial 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 Y
 04 / 24 / 2015
Transaction ID : 6984867
 Amount of Each Receipt this Period
500.00

C. Frederick T Lohr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Talbot Blvd Suite W
 City Chestertown State MD Zip Code 21620-1435
 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 **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : 6984905
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 325 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Franklin Lynch Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Medical Center Dr
 City Lebanon State NH Zip Code 03756-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dartmouth Hitchcock Medical Ce 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
 04 / 23 / 2015
Transaction ID : 6984908
 Amount of Each Receipt this Period
 500.00

B. James D Slover MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 East 33rd St. Apt 8A
 City New York State NY Zip Code 10016-7612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYU Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : 6984909
 Amount of Each Receipt this Period
 250.00

C. Aram M Donigian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3846 Woodhurst Ct
 City Beavercreek State OH Zip Code 45430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kettering Medical 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
 04 / 23 / 2015
Transaction ID : 6984910
 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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 326 OF 563
<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. Nicholas G Weiss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14916 122nd St N
 City Stillwater State MN Zip Code 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Croix 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 Y
 04 / 23 / 2015
Transaction ID : 6984911
 Amount of Each Receipt this Period
 500.00

B. Daniel William Wilen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9202 Fort Hamilton Pkwy
 City Brooklyn State NY Zip Code 11209
 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
 04 / 23 / 2015
Transaction ID : 6984912
 Amount of Each Receipt this Period
 250.00

C. Norman Verhoog MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3389 Harlan Dr
 City Redding State CA Zip Code 96003-3318
 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 Y
 04 / 23 / 2015
Transaction ID : 6984913
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 327 OF 563
<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 N Hensinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 261 Corrie Rd
 City Ann Arbor State MI Zip Code 48105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Michigan Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 23 / 2015**
Transaction ID : 6984914
 Amount of Each Receipt this Period **200.00**

B. Richard S Jany MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 385 Ranch Road
 City Reedsport State OR Zip Code 97467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lower Umpqua Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 23 / 2015**
Transaction ID : 6984915
 Amount of Each Receipt this Period **250.00**

C. Michael R Schuck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10061 Oak Springs Trail
 City Franktown State CO Zip Code 80116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 23 / 2015**
Transaction ID : 6984917
 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)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 328 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael P Grant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Springdale Place
 City Longmont State CO Zip Code 80504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Estes Park Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 23 / 2015**
Transaction ID : 6984921
 Amount of Each Receipt this Period **250.00**

B. Robert Willse Meyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4066 West Lake Rd
 City Canandaigua State NY Zip Code 14424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Canandaigua Ortho Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 23 / 2015**
Transaction ID : 6984922
 Amount of Each Receipt this Period **250.00**

C. Sameer B Shammam MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10905 Ft Washington Rd Ste 305
 City Fort Washington State MD Zip Code 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 **1000.00**

Date of Receipt **04 / 23 / 2015**
Transaction ID : 6984923
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 329 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. William James Dowling Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 277 Childs Road
 City Basking Ridge State NJ Zip Code 07920
 Name of Employer Atlantic Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2015
Transaction ID : 6984924
 Amount of Each Receipt this Period 1000.00

B. Michael Rowland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Summer Path Way
 City Pembroke State MA Zip Code 02359
 Name of Employer South Shore Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2015
Transaction ID : 6984925
 Amount of Each Receipt this Period 1000.00

C. Rick Wilkerson DO
 Full Name (Last, First, Middle Initial)
 Mailing Address Walnut Lane Farm 2470 Hwy 18
 City Spencer State IA Zip Code 51301-7467
 Name of Employer NW Iowa Bone,Joint & Sports Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2015
Transaction ID : 6984927
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 330 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Patricia McHale MD		Date of Receipt
Mailing Address 15819 Glenmiro Dr		M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2015
City Huntersville	State NC	Zip Code 28078
FEC ID number of contributing federal political committee. C		Transaction ID : 6985097
Name of Employer Ortho Carolina		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
2000.00		

Full Name (Last, First, Middle Initial) B. Paul F Lachiewicz MD		Date of Receipt
Mailing Address 417 Lyons Rd		M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2015
City Chapel Hill	State NC	Zip Code 27514
FEC ID number of contributing federal political committee. C		Transaction ID : 6985098
Name of Employer Chapel Hill Orthopaedics		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
1000.00		

Full Name (Last, First, Middle Initial) C. James W Gallentine MD		Date of Receipt
Mailing Address 3121 Sheridan Blvd		M M M / D D D / Y Y Y Y Y Y 04 / 20 / 2015
City Lincoln	State NE	Zip Code 68502
FEC ID number of contributing federal political committee. C		Transaction ID : 6985099
Name of Employer Nebraska Ortho & Sports Med		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
750.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 331 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Patrick J Kay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11379 Merlin Ct
 City Fishers State IN Zip Code 46037
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : 6985103
 Amount of Each Receipt this Period
 1000.00

B. Richard F McKay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3203 Ong
 City Amarillo State TX Zip Code 79109
 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 ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : 6985104
 Amount of Each Receipt this Period
 1000.00

c. Christopher William Peer MD, MS
 Full Name (Last, First, Middle Initial)
 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 Hospital 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
 04 / 20 / 2015
Transaction ID : 6985105
 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 332 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Brian A Shaw MD			Date of Receipt
Mailing Address 8340 Westwood Rd			<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6985106
Colorado Springs	CO	80919-3243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Univ of Colorado	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="538.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mayo Noerdlinger MD			Date of Receipt
Mailing Address 1 Edward Circle			<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6985107
York	ME	03909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Anthony J Adrignolo III, MD			Date of Receipt
Mailing Address 24965 Rivermere Dr			<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 6985109
Eden	MD	21822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="350.00"/>
Name of Employer	Occupation		
Pennisula Orthopaedic Associates	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="850.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 333 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. C Daniel Smith DO
Full Name (Last, First, Middle Initial)

Mailing Address 2501 Gene Field Rd

City Saint Joseph State MO Zip Code 64506-1613

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

Name of Employer The Ortho & Sports Medicine Ctr 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
 04 / 20 / 2015
Transaction ID : 6985110

Amount of Each Receipt this Period
 1000.00

B. Edward S Jeffries MD
Full Name (Last, First, Middle Initial)

Mailing Address 24715 Little Mack Ste 100

City Saint Clair Shores State MI Zip Code 48080

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

Name of Employer 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
 04 / 20 / 2015
Transaction ID : 6985111

Amount of Each Receipt this Period
 300.00

C. Eric R Benson MD
Full Name (Last, First, Middle Initial)

Mailing Address 78 Tirrell Rd

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : 6985112

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 334 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Christopher John Evanich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2323 North Mayfair Rd
 Suite 300
 City Wauwatosa State WI Zip Code 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : 6985113
 Amount of Each Receipt this Period
 1000.00

B. Richard D Goldner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Wilhelm Dr
 City Durham State NC Zip Code 27705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke Medical 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
 04 / 20 / 2015
Transaction ID : 6985118
 Amount of Each Receipt this Period
 250.00

C. Christian Carson Hall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 870 Westover Lane
 City York State PA Zip Code 17403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellspan Health
 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
 04 / 20 / 2015
Transaction ID : 6985120
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 335 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lisa K Cannada MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 719 Dominion Drive
 City Saint Louis State MO Zip Code 63131
 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
 04 / 24 / 2015
Transaction ID : 6985196
 Amount of Each Receipt this Period
 250.00

B. Charles Eugene Rosipal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1025 S HWS Cleveland Blvd
 City Elkhorn State NE Zip Code 68022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GIKK 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 Y
 04 / 24 / 2015
Transaction ID : 6985204
 Amount of Each Receipt this Period
 1000.00

C. Matthew E Mitchell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3903 Otter
 City Casper State WY Zip Code 82604-4458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Casper 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 Y
 04 / 24 / 2015
Transaction ID : 6985205
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 336 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Richard Lee Parker MD
Full Name (Last, First, Middle Initial)
Mailing Address 6 Dowling Ct
City Old Westbury State NY Zip Code 11568
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 M / D D D / Y Y Y Y Y Y
04 / 24 / 2015
Transaction ID : 6985206
Amount of Each Receipt this Period
250.00

B. Daniel Latt MD, PhD
Full Name (Last, First, Middle Initial)
Mailing Address 2335 E. 5th St.
City Tucson State AZ Zip Code 85719-5210
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 M / D D D / Y Y Y Y Y Y
04 / 24 / 2015
Transaction ID : 6985207
Amount of Each Receipt this Period
250.00

c. Douglas S Musgrave MD
Full Name (Last, First, Middle Initial)
Mailing Address 15800 NW Fair Acres Dr
City Vancouver State WA Zip Code 98685
FEC ID number of contributing federal political committee. **C**
Name of Employer Rebound Orthopaedics
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
04 / 23 / 2015
Transaction ID : 6985213
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 337 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joseph P McCormick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4724 Waterstone Ct
 City Appleton State WI Zip Code 54914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affinity Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 23 / 2015
Transaction ID : 6985214
 Amount of Each Receipt this Period 250.00

B. Daniel J Nagle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 737 N Michigan Ave Ste 700
 City Chicago State IL Zip Code 60611-7108
 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 04 / 23 / 2015
Transaction ID : 6985215
 Amount of Each Receipt this Period 500.00

C. Paul D Burton DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Campbell Ave
 City Redlands State CA Zip Code 92374
 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 ▼ 500.00

Date of Receipt 04 / 23 / 2015
Transaction ID : 6985216
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 338 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeffrey Evan Budoff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5349 Lynbrook Dr
 City Houston State TX Zip Code 77056-2004
 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 M / D D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : 6985217
 Amount of Each Receipt this Period
 250.00

B. Gerald J Ortiz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 188 Steadmill Rd
 City Amsterdam State NY Zip Code 12010
 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 M / D D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : 6985218
 Amount of Each Receipt this Period
 250.00

C. T J Rasmussen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26765 W 103rd St
 City Olathe State KS Zip Code 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 M / D D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : 6985219
 Amount of Each Receipt this Period
 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 339 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard W Garner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7201 E. Chester Heights Circle
 City Anchorage State AK Zip Code 99504-3563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anchorage Fracture & Ortho Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 20 / 2015**
Transaction ID : 6985230
 Amount of Each Receipt this Period **1000.00**

B. Raymond A Koch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 227 Boyle Dr
 City Eureka State CA Zip Code 95503-4809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Humboldt Medical Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 20 / 2015**
Transaction ID : 6985231
 Amount of Each Receipt this Period **250.00**

c. Charles Justice Odgers IV, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 640 Meadow Dr
 City West Chester State PA Zip Code 19380-6235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **04 / 20 / 2015**
Transaction ID : 6985232
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 340 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ryan Edward Will MD
Full Name (Last, First, Middle Initial)
Mailing Address 2007 60th Ave NW
City Gig Harbor State WA Zip Code 98335
FEC ID number of contributing federal political committee. **C**
Name of Employer Multicare 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 Y
04 / 20 / 2015
Transaction ID : 6985234
Amount of Each Receipt this Period
250.00

B. Steven J Volin MD
Full Name (Last, First, Middle Initial)
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 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 Y
04 / 20 / 2015
Transaction ID : 6985235
Amount of Each Receipt this Period
250.00

C. Steven Tradonsky MD
Full Name (Last, First, Middle Initial)
Mailing Address 7485 Mission Valley Rd Ste 104
City San Diego State CA Zip Code 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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 20 / 2015
Transaction ID : 6985237
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 341 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Benjamin Jay Justice MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1006 Old Eagle Way
 City Greenwood State IN Zip Code 46143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortholndy 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
 04 / 20 / 2015
Transaction ID : 6985238
 Amount of Each Receipt this Period
 250.00

B. Preston A Waldrop MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Virginia Orthopaedic 101 Knotbreak Rd
 City Salem State VA Zip Code 24153-5404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Orthopaedic 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
 04 / 20 / 2015
Transaction ID : 6985240
 Amount of Each Receipt this Period
 250.00

C. John J Larkin Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2845 Chancellor Dr Ste 100
 City Crestview Hls State KY Zip Code 41017-3420
 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 M / D D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : 6985241
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 342 OF 563 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Benjamin D Rubin MD	Date of Receipt M M / D D / Y Y Y Y Y 04 / 20 / 2015 Transaction ID : 6985242
Mailing Address 21 Chatham Ct	Amount of Each Receipt this Period 500.00
City State Zip Code Newport Beach CA 92660	
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Samuel R Rosenfeld MD	Date of Receipt M M / D D / Y Y Y Y Y 04 / 20 / 2015 Transaction ID : 6985243
Mailing Address 1212 Bennington Dr	Amount of Each Receipt this Period 500.00
City State Zip Code Santa Ana CA 92705	
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation APOS Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Chad Elliot Aarons MD	Date of Receipt M M / D D / Y Y Y Y Y 04 / 20 / 2015 Transaction ID : 6985244
Mailing Address 3224 Brayfield Pl	Amount of Each Receipt this Period 250.00
City State Zip Code Midlothian VA 23113-3997	
FEC ID number of contributing federal political committee. C	
Name of Employer Occupation Tuckahoe Orthopaedic Associates Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 343 OF 563
<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. Richard A Biama MD			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2015 Transaction ID : 6985246
Mailing Address 1566 Edgehill Ln			Amount of Each Receipt this Period 1000.00
City Redlands	State CA	Zip Code 92373	
FEC ID number of contributing federal political committee. C			
Name of Employer Arrowhead 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		

Full Name (Last, First, Middle Initial) B. Kenneth R Catalozzi MD			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2015 Transaction ID : 6985247
Mailing Address 216 East Shore Road			Amount of Each Receipt this Period 700.00
City Jamestown	State RI	Zip Code 02835	
FEC ID number of contributing federal political committee. C			
Name of Employer Orthopaedic Associates	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) c. John Sargent Rogerson MD			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2015 Transaction ID : 6985248
Mailing Address 2 Science Ct #101			Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional).....▶	1950.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 344 OF 563 (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. George F Muschler MD Mailing Address 2270 Chatfield Dr <hr/> City Cleveland Heights State OH Zip Code 44106 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2015 Transaction ID : 6985249 Amount of Each Receipt this Period 500.00
Name of Employer Cleveland Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Full Name (Last, First, Middle Initial) B. John I B Pyne MD Mailing Address 370 North Rd <hr/> City Dixmont State ME Zip Code 04932 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 24 / 2015 Transaction ID : 6985270 Amount of Each Receipt this Period 250.00
Name of Employer Downeast Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) C. Gerald R Williams Jr, MD Mailing Address 859 Lesley Rd <hr/> City Villanova State PA Zip Code 19085 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 24 / 2015 Transaction ID : 6985272 Amount of Each Receipt this Period 1000.00
Name of Employer Rothman Institute Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶	1750.00
TOTAL This Period (last page this line number only)..... ▶	1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 345 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Anthony F Pachelli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11200 San Rafael Ave N E
 City Albuquerque State NM Zip Code 87122-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Mexico Orthopaedics 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
 04 / 24 / 2015
Transaction ID : 6985273
 Amount of Each Receipt this Period
 1000.00

B. Stanley J Kupiszewski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1651 Apache Trail
 City Maitland State FL Zip Code 32751
 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 M / D D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : 6985281
 Amount of Each Receipt this Period
 250.00

C. Paul R Gregory MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4627 King Ranch Place
 City Granite Bay State CA Zip Code 95746
 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 M / D D D / Y Y Y Y Y Y
 04 / 23 / 2015
Transaction ID : 6985282
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 346 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Jason David Cohen MD			Date of Receipt
Mailing Address 133 Rumson Road			M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2015
City	State	Zip Code	Transaction ID : 6985283
Rumson	NJ	07760	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation		
Professional Orthopaedic Associates	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	1000.00		

Full Name (Last, First, Middle Initial) B. Kevin P Shea MD			Date of Receipt
Mailing Address 55 Sarah Dr			M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2015
City	State	Zip Code	Transaction ID : 6985284
Avon	CT	06001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer	Occupation		
UConn Health Center	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	300.00		

Full Name (Last, First, Middle Initial) C. James R Parker MD			Date of Receipt
Mailing Address 11 Stoneridge Dr.			M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2015
City	State	Zip Code	Transaction ID : 6985285
Amarillo	TX	79124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation		
Parker Sports Medicine	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	1000.00		

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 347 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 S Gorab MD
Full Name (Last, First, Middle Initial)

Mailing Address 1985 Port Claridge Pl

City Newport Beach State CA Zip Code 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 ▼ 1000.00

Date of Receipt
04 / 23 / 2015
Transaction ID : 6985286

Amount of Each Receipt this Period
1000.00

B. W Grant Braly MD
Full Name (Last, First, Middle Initial)

Mailing Address 7401 S Main

City Houston State TX Zip Code 77030-4509

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
04 / 23 / 2015
Transaction ID : 6985287

Amount of Each Receipt this Period
1000.00

C. Keith A Heier MD
Full Name (Last, First, Middle Initial)

Mailing Address 6408 Riverhill Dr

City Plano State TX Zip Code 75024

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
04 / 23 / 2015
Transaction ID : 6985288

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 348 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Edward W Gutteling MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Mohouli St
 City Hilo State HI Zip Code 96720
 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
 04 / 23 / 2015
Transaction ID : 6985289
 Amount of Each Receipt this Period
 1000.00

B. Gregory S Slaphey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 Fairway Dr
 City Carrollton State GA Zip Code 30117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carrollton Orthopaedic Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 04 / 20 / 2015
Transaction ID : 6985302
 Amount of Each Receipt this Period
 250.00

C. Robert D Haar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 880 5th Ave Apt 9B
 City New York State NY Zip Code 10021
 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
 04 / 20 / 2015
Transaction ID : 6985303
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 349 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Carl R Weinert Jr, MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 APOS Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : 6985304
 Amount of Each Receipt this Period
 250.00

B. Gordon M Mead MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 51455
 City State Zip Code
 Shreveport LA 71135-1455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Highland Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : 6985306
 Amount of Each Receipt this Period
 500.00

C. Demian M Yakel DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4439 E 23rd St
 City State Zip Code
 Casper WY 82609-3378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Casper Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : 6985307
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 350 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Julian A Cameron MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 S Riverside Dr
 City Pompano Beach State FL Zip Code 33062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CSC 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
 04 / 20 / 2015
Transaction ID : 6985308
 Amount of Each Receipt this Period
 500.00

B. Charles C Craig MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Hawthorne Court
 City Newton State KS Zip Code 67114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Newton Medical 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 Y
 04 / 20 / 2015
Transaction ID : 6985310
 Amount of Each Receipt this Period
 1000.00

C. Howard R Epps MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1936 Wroxtton Road
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor College of Medicine 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 Y
 04 / 24 / 2015
Transaction ID : 6985326
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 351 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stephen F Mitros MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 51045 Erin Glen Dr
 City Granger State IN Zip Code 46530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : 6985593
 Amount of Each Receipt this Period
 85.00

B. Michael A Rauh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Middlebury Rd
 City Orchard Park State NY Zip Code 14127
 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 M / D D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : 6985595
 Amount of Each Receipt this Period
 100.00

C. Wayne Anthony Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8212 NW Stonebridge Ct
 City Lawton State OK Zip Code 73505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics
 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
 04 / 26 / 2015
Transaction ID : 6985640
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1185.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 352 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bernard G Kirol MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Buckthorn Circle
 City Elgin State SC Zip Code 29045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midlands 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 Y
 04 / 27 / 2015
Transaction ID : 6985655
 Amount of Each Receipt this Period
 75.00

B. David Joseph MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2152 Ralph Ave #528
 City Brooklyn State NY Zip Code 11234
 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
 04 / 27 / 2015
Transaction ID : 6987407
 Amount of Each Receipt this Period
 250.00

C. Brent A Overton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 Auburn East Lane
 City Coralville State IA Zip Code 52241-3475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Steindler 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 Y
 04 / 27 / 2015
Transaction ID : 6987412
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	825.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 353 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Daniel K Wilcox MD			Date of Receipt
Mailing Address 1109 Tall Pines Ct			M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2015
City	State	Zip Code	Transaction ID : 6987532
Petoskey	MI	49770	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	250.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Steven A Olson MD			Date of Receipt
Mailing Address 2538 Bittersweet Drive			M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2015
City	State	Zip Code	Transaction ID : 6989063
Durham	NC	27705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. William Charles Jacobson MD			Date of Receipt
Mailing Address 31370 Ashworth Rd			M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2015
City	State	Zip Code	Transaction ID : 6989067
Waukee	IA	50263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation		
Capital Orthopedic & Sports Me	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 354 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. John N Hall MD		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2015 Transaction ID : 6989073
Mailing Address 3196 Turnberry Circle		Amount of Each Receipt this Period 250.00
City Charlottesville	State VA	Zip Code 22911
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Jeffery D Angel MD		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2015 Transaction ID : 6989074
Mailing Address 501 Virginia Dr Ste C		Amount of Each Receipt this Period 84.00
City Batesville	State AR	Zip Code 72501-7331
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 ▼ 336.00	

Full Name (Last, First, Middle Initial) C. James C Murphy MD		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2015 Transaction ID : 6989075
Mailing Address 203 Hospital Dr Ste 304		Amount of Each Receipt this Period 250.00
City Glen Burnie	State MD	Zip Code 21061
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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	584.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 355 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Edward Ratcliffe Anderson III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23710 Sunset Rdg
 City San Antonio State TX Zip Code 78261-2685
 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 Y
 04 / 28 / 2015
Transaction ID : 6989076
 Amount of Each Receipt this Period
 250.00

B. Mark S Rekant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Cove Rd
 City Moorestown State NJ Zip Code 08057
 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 Y
 04 / 28 / 2015
Transaction ID : 6989216
 Amount of Each Receipt this Period
 1000.00

C. Brian Jacob Ipsen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3301 Cedar Ridge Road
 City Joplin State MO Zip Code 64804
 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 Y
 04 / 28 / 2015
Transaction ID : 6989390
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 356 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mark A Deitch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Ivey Trace Ct
 City Cockeyesville State MD Zip Code 21030-1713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthomaryland Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 28 / 2015**
Transaction ID : 6990097
 Amount of Each Receipt this Period **800.00**

B. Ian D Crabb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9737 Fieldcrest Dr
 City Omaha State NE Zip Code 68114
 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 **1000.00**

Date of Receipt **04 / 28 / 2015**
Transaction ID : 6990099
 Amount of Each Receipt this Period **500.00**

C. Steven M Dellose MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Does Lane
 City Wilmington State DE Zip Code 19807
 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 **04 / 28 / 2015**
Transaction ID : 6990156
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 357 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael P Rubinstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 27015 Glaramara Circle
 City Yorba Linda State CA Zip Code 92887
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fullerton Orthopaedic Medical Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 28 / 2015**
Transaction ID : 6990176
 Amount of Each Receipt this Period **250.00**

B. Susan Lai Williams MD
 Full Name (Last, First, Middle Initial)
 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 Umpqua Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 28 / 2015**
Transaction ID : 6990184
 Amount of Each Receipt this Period **300.00**

C. Matthew C Oseto MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10939 80th PL NE
 City Kirkland State WA Zip Code 98034
 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 **04 / 28 / 2015**
Transaction ID : 6990262
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 358 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Harlan E Hiramoto MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Potterstown Rd
 City Lebanon State NJ Zip Code 08833
 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
 04 / 27 / 2015
Transaction ID : 6992403
 Amount of Each Receipt this Period
 250.00

B. Elliott H Leitman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 135
 4745 Ogletown Stanton Rd
 City Newark State DE Zip Code 19713-2074
 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 Y
 04 / 27 / 2015
Transaction ID : 6992404
 Amount of Each Receipt this Period
 500.00

c. Donald Roy Schengel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 820 South Akers Suite 220
 City Visalia State CA Zip Code 93277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Assoc Medical 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 Y
 04 / 27 / 2015
Transaction ID : 6992405
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 359 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ruth Lourdes Thomas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13609 Frazier Pike
 City Little Rock State AR Zip Code 72206-9666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UAMS Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 27 / 2015**
Transaction ID : 6992406
 Amount of Each Receipt this Period **800.00**

B. Mark A Noffsinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9111 Pq Ave
 City Mattawan State MI Zip Code 49071-9427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Borgess Health Alliance Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 27 / 2015**
Transaction ID : 6992424
 Amount of Each Receipt this Period **250.00**

C. Paul C Kupcha MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Pheasants Ridge Rd North
 City Wilmington State DE Zip Code 19807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delaware Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 27 / 2015**
Transaction ID : 6992425
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1300.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 360 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. R Bruce Lutz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Lakewood Dr
 City State Zip Code
 Media PA 19063-1808
 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 M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : 6992665
 Amount of Each Receipt this Period
 1000.00

B. Joseph Laurence Petfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Madison
 City State Zip Code
 San Antonio TX 78204
 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 M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : 6992681
 Amount of Each Receipt this Period
 250.00

C. Eric B Benz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Chipman Park
 City State Zip Code
 Middlebury VT 05753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Champlain Valley Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : 6993611
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 361 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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. Michael V Jablonski MD			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2015 Transaction ID : 6994226
Mailing Address 1602 Lookout Landing Circle			Amount of Each Receipt this Period 1000.00
City Winter Park	State FL	Zip Code 32789-5941	
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		

Full Name (Last, First, Middle Initial) B. Simon Mears MD			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2015 Transaction ID : 6994227
Mailing Address 3825 Mapleshade Lane, #7102			Amount of Each Receipt this Period 500.00
City Plano	State TX	Zip Code 75075	
FEC ID number of contributing federal political committee. C			
Name of Employer Health Texas	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Donald W Roberts MD			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2015 Transaction ID : 6994231
Mailing Address 9 Durham Street Number 3			Amount of Each Receipt this Period 500.00
City Boston	State MA	Zip Code 02115	
FEC ID number of contributing federal political committee. C			
Name of Employer NW Surgical Specialists	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

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

FOR LINE NUMBER: PAGE 362 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Susan E Stephens MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 Chartley
 City Gates Mills State OH Zip Code 44040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Institute for Spine, Inc 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
 04 / 27 / 2015
Transaction ID : 6994232
 Amount of Each Receipt this Period
 250.00

B. David Richmond Whiddon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 Carlyle Dr.
 City Palm Harbor State FL Zip Code 34683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of West Florida 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
 04 / 27 / 2015
Transaction ID : 6994233
 Amount of Each Receipt this Period
 500.00

C. David C Napoli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Bent Creek Ranch Rd
 City Asheville State NC Zip Code 28806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Ridge Bone & Joint 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
 04 / 27 / 2015
Transaction ID : 6994234
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 363 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Dori N Cage MD			Date of Receipt
Mailing Address 4105 Alameda Dr			M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2015
City	State	Zip Code	Transaction ID : 6994235
San Diego	CA	92103-1609	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		850.00
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	1000.00		

Full Name (Last, First, Middle Initial) B. John Charles Kofoed MD			Date of Receipt
Mailing Address 2619 Seminole Ct			M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2015
City	State	Zip Code	Transaction ID : 6994241
Fairfield	CA	94534-7871	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer	Occupation		
Sutter Medical Group	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	336.00		

Full Name (Last, First, Middle Initial) C. Joel T Jeffries MD			Date of Receipt
Mailing Address 8063 Evening Star Lane			M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2015
City	State	Zip Code	Transaction ID : 6994930
Tallahassee	FL	32312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
Missouri Spine Ctr	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	500.00		

SUBTOTAL of Receipts This Page (optional).....▶	1434.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 364 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Steven M Mardjetko MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 443 E. Illinois Road
 City Lake Forest State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Illinois Bone & Joint Institute 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
 05 / 01 / 2015
Transaction ID : 6994936
 Amount of Each Receipt this Period
 1000.00

B. Mark C Pinto MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1382 Waterways Dr
 City Ann Arbor State MI Zip Code 48108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trinity Health 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
 05 / 01 / 2015
Transaction ID : 6995502
 Amount of Each Receipt this Period
 1000.00

C. Mark A Snyder MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7229 Overton Way
 City Maineville State OH Zip Code 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 ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 6995517
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 365 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Harish Sadanand Hosalkar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15151 Almond Orchard Lane
 City San Diego State CA Zip Code 92131
 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 M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 6995518
 Amount of Each Receipt this Period
 250.00

B. Michael S Marandola MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 26401 Crown Valley Prkwy Ste 101
 City Mission Viejo State CA Zip Code 92691
 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 M / D D D / Y Y Y Y Y Y
 05 / 02 / 2015
Transaction ID : 6995521
 Amount of Each Receipt this Period
 500.00

C. Ronald W B Wyatt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 533 Carleton Way
 City Alamo State CA Zip Code 94507
 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 M / D D D / Y Y Y Y Y Y
 05 / 03 / 2015
Transaction ID : 6996145
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 366 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bryan Jon Pack MD
Full Name (Last, First, Middle Initial)

Mailing Address 3894 Clearing Way NE

City Grand Rapids State MI Zip Code 49525

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
05 / 03 / 2015
Transaction ID : 6996149

Amount of Each Receipt this Period
500.00

B. James C Walter MD
Full Name (Last, First, Middle Initial)

Mailing Address 4118 Georgian Trail

City Frisco State TX Zip Code 75033

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

Name of Employer Texas Ortho Associates Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 03 / 2015
Transaction ID : 6996151

Amount of Each Receipt this Period
1000.00

C. Vincent J Williams MD
Full Name (Last, First, Middle Initial)

Mailing Address 165 Old Mill Rd

City Middletown State CT Zip Code 06457

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

Name of Employer Center for Orthopedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 03 / 2015
Transaction ID : 6996153

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 367 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gaia Georgopoulos MD
Full Name (Last, First, Middle Initial)

Mailing Address 7294 S Uravan Ct

City Foxfield State CO Zip Code 80016

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

Name of Employer UC Denver 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
 05 / 04 / 2015
Transaction ID : 6998750

Amount of Each Receipt this Period
 1000.00

B. Graham Newson
Full Name (Last, First, Middle Initial)

Mailing Address 317 Massachusetts Ave NE
1st Floor

City Washington State DC Zip Code 20002-5769

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

Name of Employer AAOS Occupation Director, Office of Government Relation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : 6999352

Amount of Each Receipt this Period
 1000.00

C. Hugh Bassewitz MD
Full Name (Last, First, Middle Initial)

Mailing Address 15 Morning Glow Ln

City Las Vegas State NV Zip Code 89135-2618

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

Name of Employer Desert 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 Y
 04 / 29 / 2015
Transaction ID : 6999353

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 368 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. David Teuscher MD		Date of Receipt
Mailing Address 825 Thomas Rd		M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2015
City	State	Zip Code
Beaumont	TX	77706-4618
FEC ID number of contributing federal political committee.		Transaction ID : 6999354
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Self-Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) B. G Peter Maiers II, MD		Date of Receipt
Mailing Address 201 Pennsylvania Pkwy #100		M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2015
City	State	Zip Code
Indianapolis	IN	46280
FEC ID number of contributing federal political committee.		Transaction ID : 6999355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Methodist Sports Medicine	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) C. David W Romness MD		Date of Receipt
Mailing Address Commonwealth Orthopaedics 1635 N George Mason Dr Ste 310		M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2015
City	State	Zip Code
Arlington	VA	22205-3616
FEC ID number of contributing federal political committee.		Transaction ID : 6999356
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Commonwealth Orthopaedics	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	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**

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

FOR LINE NUMBER: PAGE 369 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Steven B Wertheim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 Old Stratton Chase NW
 City Atlanta State GA Zip Code 30328-3652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 29 / 2015
Transaction ID : 6999357
 Amount of Each Receipt this Period 1000.00

B. Nicholas Benjamin Bruggeman MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 1000.00

Date of Receipt 04 / 29 / 2015
Transaction ID : 6999358
 Amount of Each Receipt this Period 250.00

C. Michael A Wasylik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2919 Swann Ave Ste 201
 City Tampa State FL Zip Code 33609-4050
 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 04 / 30 / 2015
Transaction ID : 6999398
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 370 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Timothy L Keenen MD		Date of Receipt
Mailing Address Pacific Spine Specialists 19260 SW 65th Ave Ste 270		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Tualatin	State OR	Zip Code 97062-5705
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6999399
Name of Employer Pacific Spine Specialists	Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Amy L Ladd MD		Date of Receipt
Mailing Address Hand and Upper Limb Ctr 770 Welch Rd Ste 400		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Palo Alto	State CA	Zip Code 94304-1801
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6999400
Name of Employer Stanford University	Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Stephen Brett Whitfield MD		Date of Receipt
Mailing Address 1315 Lake Dr		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Daniels	State WV	Zip Code 25832-9237
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6999401
Name of Employer OSSA	Occupation Orthopaedic Surgeon	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 371 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael Zarski
 Full Name (Last, First, Middle Initial)
 Mailing Address 9400 W. Higgins Road
 Suite 230
 City Rosemont State IL Zip Code 60018-4976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AAHKS Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : 6999402
 Amount of Each Receipt this Period
 250.00

B. Charles A Mick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 766 N King St Ste 3
 City Northampton State MA Zip Code 01060-1149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pioneer Spine And Sports 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
 04 / 30 / 2015
Transaction ID : 6999403
 Amount of Each Receipt this Period
 500.00

c. Omer A Ilahi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3671 Del Monte
 City Houston State TX Zip Code 77019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest 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 Y
 04 / 30 / 2015
Transaction ID : 6999404
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 372 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Stephen I Esses MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8834 Stable Crest Blvd
 City Houston State TX Zip Code 77024
 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: 04 / 30 / 2015
Transaction ID : 6999405
 Amount of Each Receipt this Period: 1000.00

B. Bill Bruce
 Full Name (Last, First, Middle Initial)
 Mailing Address 9400 W Higgins Road
 City Rosemont State IL Zip Code 60018-4974
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: AAOS
 Occupation: Chief Technology Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 30 / 2015
Transaction ID : 6999421
 Amount of Each Receipt this Period: 250.00

C. Robert Allen Green MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 421 Cottage Grove Rd Ste B
 City Bloomfield State CT Zip Code 06002-3170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: St. Francis Medical Group
 Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 05 / 01 / 2015
Transaction ID : 6999506
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 373 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David J Mansfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1720 Murchison Drive
 City El Paso State TX Zip Code 79902-2921
 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 ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015
Transaction ID : 7000481
 Amount of Each Receipt this Period
 85.00

B. Neal D Lintecum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 789 N 1500 Road
 City Lawrence State KS Zip Code 66049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Kansas 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
 05 / 05 / 2015
Transaction ID : 7000482
 Amount of Each Receipt this Period
 100.00

C. Patrick T McCulloch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Caley Drive
 City Canonsburg State PA Zip Code 15317-5990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Orthopaedics & Rehabilitation Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 7001993
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional).....▶	269.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 374 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Alan Steven Nasar MD		Date of Receipt
Mailing Address 45 Georgetown Dr		M M M / D D D / Y Y Y Y Y Y 05 / 07 / 2015
City	State	Zip Code
Eatontown	NJ	07724
FEC ID number of contributing federal political committee.	Transaction ID : 7006378	
	Amount of Each Receipt this Period	
	500.00	
Name of Employer	Occupation	
Self Employed	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Daniel William Green MD		Date of Receipt
Mailing Address 535 E 70th St		M M M / D D D / Y Y Y Y Y Y 05 / 07 / 2015
City	State	Zip Code
New York	NY	10021-4823
FEC ID number of contributing federal political committee.	Transaction ID : 7007250	
	Amount of Each Receipt this Period	
	175.00	
Name of Employer	Occupation	
Hospital for Special Surgery	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	525.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bruce Moseley MD		Date of Receipt
Mailing Address 11214 Tyne Ct		M M M / D D D / Y Y Y Y Y Y 05 / 06 / 2015
City	State	Zip Code
Houston	TX	77024-7416
FEC ID number of contributing federal political committee.	Transaction ID : 7012927	
	Amount of Each Receipt this Period	
	1000.00	
Name of Employer	Occupation	
Houston Methodist Medical Center	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1675.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 375 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cooper L Terry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1106 S Lamar Blvd
 City Oxford State MS Zip Code 38655-4732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oxford Orthopaedics & Sports Medicine 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
 05 / 06 / 2015
Transaction ID : 7012928
 Amount of Each Receipt this Period
750.00

B. Gary M Schniegenberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1982 Road P1
 City Bluffton State OH Zip Code 45817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Institute of Ohio Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 7012929
 Amount of Each Receipt this Period
250.00

C. Joseph Cullen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2323 N Casaloma Drive
 City Appleton State WI Zip Code 54912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hand to Shoulder Center of Wisconsin 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
 05 / 06 / 2015
Transaction ID : 7012930
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 376 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Charles Francis Mess Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12470 Petrillo Dr
 City Highland State MD Zip Code 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 7012931
 Amount of Each Receipt this Period
 250.00

B. Hooman Meir Melamed MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2109 Ridge Drive
 City Los Angeles State CA Zip Code 90049
 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 M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 7012944
 Amount of Each Receipt this Period
 500.00

C. Rodney Alan Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1776 W Highland Ave
 City Wooster State OH Zip Code 44691-9070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wooster Orthopaedic & Sports 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
 05 / 06 / 2015
Transaction ID : 7012945
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 377 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Andrew Stoeckl MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 Fairlawn Dr
 City Amherst State NY Zip Code 14226-3422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Excelsior Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 06 / 2015**
Transaction ID : 7012946
 Amount of Each Receipt this Period **1000.00**

B. John D Miles MD
 Full Name (Last, First, Middle Initial)
 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 Columbia Orthopaedic Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 06 / 2015**
Transaction ID : 7012947
 Amount of Each Receipt this Period **500.00**

C. Pat D Do MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8300 Steeplechase St
 City Wichita State KS Zip Code 67206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid America Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **05 / 06 / 2015**
Transaction ID : 7012954
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 378 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Daniel C Wnorowski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4309 Hepatica Hill Rd
 City Manlius State NY Zip Code 13104-8714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SOS Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 7012955
 Amount of Each Receipt this Period
 250.00

B. William P Carney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 The By Way
 City Ridgewood State NJ Zip Code 07450
 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 M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 7012956
 Amount of Each Receipt this Period
 500.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 7012957
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 379 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jesse G Eisler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Sunset Farm Rd
 City West Hartford State CT Zip Code 06107-1314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT Back Center 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
 05 / 06 / 2015
Transaction ID : 7012958
 Amount of Each Receipt this Period
 500.00

B. Raymond M P Sherman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 865 East Sawgrass Trail
 City Dakota Dunes State SD Zip Code 57049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CNOS 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
 05 / 06 / 2015
Transaction ID : 7012960
 Amount of Each Receipt this Period
 1000.00

C. Kevin P Black MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 329 Para Ave
 City Hershey State PA Zip Code 17033-1372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Hershey Medical Ctr 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
 05 / 06 / 2015
Transaction ID : 7012961
 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 380 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeffrey R Cusmariu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 494 Lake Colony Way
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Sports 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 Y
 05 / 06 / 2015
Transaction ID : 7012963
 Amount of Each Receipt this Period
500.00

B. Ernest M Found Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Hawkins Dr Ste 01008JPP
 City Iowa City State IA Zip Code 52242-1088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Iowa Hospitals & Clinics 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
 05 / 06 / 2015
Transaction ID : 7012964
 Amount of Each Receipt this Period
1000.00

C. Melburn K Huebner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 North Dowell Road
 City Amarillo State TX Zip Code 79124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 05 / 06 / 2015
Transaction ID : 7012965
 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**

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

FOR LINE NUMBER: PAGE 381 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Bonhomme Joseph Prud'homme MD
 Full Name (Last, First, Middle Initial)
 Mailing Address One Medical Center Drive
 P.O. Box 9196
 City Morgantown State WV Zip Code 26508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Virginia University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 7012981
 Amount of Each Receipt this Period
 336.00

B. Andrew J Palafox MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 331 Crown Point Dr.
 City El Paso State TX Zip Code 79912-4805
 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 ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 7012982
 Amount of Each Receipt this Period
 250.00

C. David J Mansfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1720 Murchison Drive
 City El Paso State TX Zip Code 79902-2921
 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 ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 7012983
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 836.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 382 OF 563
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<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. J Wendell Duncan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5321 Columbia Rd
 City Grovetown State GA Zip Code 30813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Augusta Ortho & Sports Med 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 Y
 05 / 06 / 2015
Transaction ID : 7012984
 Amount of Each Receipt this Period
 500.00

B. Carlos Gonzalez-Sandoval MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6505 Brisa del Mar
 City El Paso State TX Zip Code 79912
 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 Y
 05 / 06 / 2015
Transaction ID : 7012985
 Amount of Each Receipt this Period
 1000.00

C. John S Jackson DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 741 Gary Ln
 City El Paso State TX Zip Code 79922-2205
 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 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 7012993
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 383 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Luis H Urrea II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5009 Vista Del Monte
 City El Paso State TX Zip Code 79922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 05 / 06 / 2015
Transaction ID : 7012994
 Amount of Each Receipt this Period
 300.00

B. Robert Randolph Bell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 Murchison Dr.
 City El Paso State TX Zip Code 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : 7012995
 Amount of Each Receipt this Period
 500.00

C. Johan J Penninck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1720 Murchison Drive
 City El Paso State TX Zip Code 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 Y
 05 / 06 / 2015
Transaction ID : 7012996
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 384 OF 563
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael A Fallon MD
Full Name (Last, First, Middle Initial)

Mailing Address 6211 Franklin Hawk Dr

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 06 / 2015
Transaction ID : 7012997

Amount of Each Receipt this Period 500.00

B. Scott A Protzman MD
Full Name (Last, First, Middle Initial)

Mailing Address 5868 Via Cuesta Dr

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 06 / 2015
Transaction ID : 7012998

Amount of Each Receipt this Period 300.00

C. John Marcus Dickason MD
Full Name (Last, First, Middle Initial)

Mailing Address 1224 Calle Lago Dr

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 06 / 2015
Transaction ID : 7012999

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 385 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Harry S Smith MD
Full Name (Last, First, Middle Initial)

Mailing Address 735 Paddington St

City Conway State AR Zip Code 72034-7579

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

Name of Employer Conway Ortho & Sports Med Clinic Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 06 / 2015
Transaction ID : 7013000

Amount of Each Receipt this Period 1000.00

B. Jason A Barry MD
Full Name (Last, First, Middle Initial)

Mailing Address 17188 62nd Avenue North

City Maple Grove State MN Zip Code 55311

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 ▼ 1000.00

Date of Receipt 05 / 13 / 2015
Transaction ID : 7017195

Amount of Each Receipt this Period 1000.00

C. Bruce J Sangeorzan MD
Full Name (Last, First, Middle Initial)

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 05 / 17 / 2015
Transaction ID : 7049572

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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 386 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stephen G J Eckrich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5511 Shooting Star Trail
 City Rapid City State SD Zip Code 57702-8867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Black Hills Orthopaedic & Spine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 417.50

Date of Receipt 05 / 18 / 2015
Transaction ID : 7050143
 Amount of Each Receipt this Period 83.50

B. Benjamin David Sutker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Hibernia Rd
 City Savannah State GA Zip Code 31411-1452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeastern Ortho Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 18 / 2015
Transaction ID : 7051455
 Amount of Each Receipt this Period 1000.00

C. Robert Earl Wolf MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11300 Maple Shade
 City Waco State TX Zip Code 76712-8563
 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 05 / 18 / 2015
Transaction ID : 7054724
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1333.50
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 387 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Michael Thomas Vercillo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 275 Lake Sherwood Dr.
 City State Zip Code
 Westlake Village CA 91361
 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 M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : 7059168
 Amount of Each Receipt this Period
 500.00

B. Paul J Slosar Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 510 Hurlingham Ave
 City State Zip Code
 San Mateo CA 94402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Spine Care Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059183
 Amount of Each Receipt this Period
 500.00

C. Ferris Ray Nickel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1191 Brunswick Ln
 City State Zip Code
 Ventura CA 93001
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059186
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 388 OF 563 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David Matthew Beard MD	Date of Receipt M M / D D / Y Y Y Y Y 05 / 11 / 2015 Transaction ID : 7059187					
Mailing Address 3000 32nd Ave South	Amount of Each Receipt this Period 100.00					
<table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Fargo</td> <td>ND</td> <td>58103</td> </tr> </table>		City	State	Zip Code	Fargo	ND
City	State	Zip Code				
Fargo	ND	58103				
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 300.00					
Name of Employer Essentia Health		Occupation Orthopaedic Surgeon				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

Full Name (Last, First, Middle Initial) B. Randolph Copeland MD	Date of Receipt M M / D D / Y Y Y Y Y 05 / 11 / 2015 Transaction ID : 7059188					
Mailing Address 1609 Red Rock Dr	Amount of Each Receipt this Period 200.00					
<table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Gallup</td> <td>NM</td> <td>87301</td> </tr> </table>		City	State	Zip Code	Gallup	NM
City	State	Zip Code				
Gallup	NM	87301				
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 350.00					
Name of Employer Indian Health Service		Occupation Orthopaedic Surgeon				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

Full Name (Last, First, Middle Initial) C. Jeffrey Malumed MD	Date of Receipt M M / D D / Y Y Y Y Y 05 / 11 / 2015 Transaction ID : 7059189					
Mailing Address 506 Van Lears Run	Amount of Each Receipt this Period 500.00					
<table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Villanova</td> <td>PA</td> <td>19085-1023</td> </tr> </table>		City	State	Zip Code	Villanova	PA
City	State	Zip Code				
Villanova	PA	19085-1023				
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 500.00					
Name of Employer Premier Orthopaedics		Occupation Orthopaedic Surgeon				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 389 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Danielle Katz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5122 Reis Cir
 City Fayetteville State NY Zip Code 13066-9305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUNY Upstate 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
 05 / 11 / 2015
Transaction ID : 7059193
 Amount of Each Receipt this Period
 1000.00

B. Shervondalonn R Brown MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1516 Winterberry Dr
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tennessee Orthopaedic Alliance 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
 05 / 11 / 2015
Transaction ID : 7059195
 Amount of Each Receipt this Period
 250.00

C. Robert N Steensen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3777 Trueman Ct
 City Hilliard State OH Zip Code 43026
 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 M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059196
 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**

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

FOR LINE NUMBER: PAGE 390 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Josef Karl Eichinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 North Sunset Drive
 City Tacoma State WA Zip Code 98406
 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 M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059197
 Amount of Each Receipt this Period
 250.00

B. Neil J Maki MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059198
 Amount of Each Receipt this Period
 250.00

C. John Marshall Knight MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 Shadelands Dr Ste 210
 City Walnut Creek State CA Zip Code 94598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Muir Orthopaedic Specialists 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
 05 / 11 / 2015
Transaction ID : 7059199
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 391 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Stephen D Helper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 29001 Cedar Rd Ste 519
 City Lyndhurst State OH Zip Code 44124-4041
 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 Y
 05 / 11 / 2015
Transaction ID : 7059200
 Amount of Each Receipt this Period
 250.00

B. Christopher George Furey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18900 South Woodland Road
 City Shaker Heights State OH Zip Code 44122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 05 / 11 / 2015
Transaction ID : 7059201
 Amount of Each Receipt this Period
 500.00

C. Ganesh G Gupta MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17422 Thomas Ln Rd
 City Smithville State MO Zip Code 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059204
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 392 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mark D Hopkins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2320 W Avenue O 4
 City Palmdale State CA Zip Code 93551
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059232
 Amount of Each Receipt this Period
 1000.00

B. Bradley N Walter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1927 Old Monticello Rd
 City Thomasville State GA Zip Code 31792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thomasville Orthopedic 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
 05 / 11 / 2015
Transaction ID : 7059233
 Amount of Each Receipt this Period
 250.00

C. Randall Evan Marcus MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13467 North Park Lane
 City Cleveland State OH Zip Code 44188
 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
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059234
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 393 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Allen F Anderson MD

Mailing Address 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 ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059235

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Robert J Bercik MD

Mailing Address 1445 Raritan Rd

City Clark	State NJ	Zip Code 07066-1230
---------------	-------------	------------------------

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

Name of Employer 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 Y
 05 / 11 / 2015
Transaction ID : 7059238

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Steven J Triantafyllou MD

Mailing Address 1706 Country Manor Drive

City York	State PA	Zip Code 17408
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FEC ID number of contributing federal political committee. **C**

Name of Employer OSS Health	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
 05 / 11 / 2015
Transaction ID : 7059240

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 394 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. C Perry Cooke III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6797 Knollwood Rd
 City Fayetteville State NY Zip Code 13066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SOS Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059523
 Amount of Each Receipt this Period
 500.00

B. Mark J Lemos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1164 Ocean Blvd
 City Rye State NH Zip Code 03870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lahey Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059525
 Amount of Each Receipt this Period
 250.00

C. Wayne M Goldstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2887 Lexington Ln
 City Highland Park State IL Zip Code 60035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Illinois Bone & Joint Institute Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059526
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 395 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jonathan L Chang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1456 Oak Crest Ave
 City South Pasadena State CA Zip Code 91030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Ortho 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 Y
 05 / 11 / 2015
Transaction ID : 7059527
 Amount of Each Receipt this Period
 1000.00

B. Gary W Misamore MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10430 Hickory Ridge
 City Zionsville State IN Zip Code 46077-8387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Methodist 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
 05 / 11 / 2015
Transaction ID : 7059528
 Amount of Each Receipt this Period
 250.00

C. Timothy J Bopp MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3920 Ridge Way
 City Bismarck State ND Zip Code 58503-9198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Bone and Joint 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 Y
 05 / 11 / 2015
Transaction ID : 7059529
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 396 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Joseph F Curtis Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 454 Taylor Rd
 City Montgomery State AL Zip Code 36117-3563
 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 **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059530
 Amount of Each Receipt this Period
1500.00

B. Stephen A Cord MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4110 22nd PI
 City Lubbock State TX Zip Code 79410-1143
 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 M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059531
 Amount of Each Receipt this Period
500.00

C. Anthony Louis Finuoli DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Legends Circle
 City Melville State NY Zip Code 11747-5301
 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 M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059532
 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).....	

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

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FOR LINE NUMBER: PAGE 397 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Michael Edward Pollack MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8100 Wescott Drive
 City State Zip Code
 Flemington NJ 08822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hunterdon Ortho Institute Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059533
 Amount of Each Receipt this Period
 1000.00

B. Steven R Garfin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3386 Bayside Walk
 City State Zip Code
 San Diego CA 92109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCSD Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059554
 Amount of Each Receipt this Period
 750.00

C. Michael O LaGrone MD
 Full Name (Last, First, Middle Initial)
 Mailing Address #17 Edgewater
 City State Zip Code
 Amarillo TX 79106
 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 M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059555
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 398 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ken Yamaguchi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2015 Brook Hill Ridge Drive
 City State Zip Code
 TwN And Cntry MO 63017-7958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Washington Univ of St. Louis Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059556
 Amount of Each Receipt this Period
 1000.00

B. Christopher R Goll MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7935 James Island Trl
 City State Zip Code
 Jacksonville FL 32256-7379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southeast Orthopaedic Specialists Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059557
 Amount of Each Receipt this Period
 500.00

C. Arnold M Schwartz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Beardsley Lane
 City State Zip Code
 Huntington NY 11743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Spine Care of Long Island Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 7059560
 Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 399 OF 563
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. R William Petty MD			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 11 / 2015 Transaction ID : 7059561
Mailing Address 6717 NE 48th Lane			Amount of Each Receipt this Period 1000.00
City Gainesville	State FL	Zip Code 32653	
FEC ID number of contributing federal political committee. C			
Name of Employer Exactech, Inc	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Todd A Schmidt MD			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 21 / 2015 Transaction ID : 7063190
Mailing Address 2865 Lake Park Drive			Amount of Each Receipt this Period 84.00
City Jonesboro	State GA	Zip Code 30236-4133	
FEC ID number of contributing federal political committee. C			
Name of Employer Southern Orthopaedic Specialists	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

Full Name (Last, First, Middle Initial) C. David R Chandler MD			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 21 / 2015 Transaction ID : 7063191
Mailing Address 165 Middle Plantation Ln			Amount of Each Receipt this Period 85.00
City Gulf Breeze	State FL	Zip Code 32561-4899	
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 ▼ 425.00		

SUBTOTAL of Receipts This Page (optional).....▶	1169.00
TOTAL This Period (last page this line 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 400 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jeffrey P Beckenbaugh DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1302 Lecy Lane NE
 City Stewartville State MN Zip Code 55976-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olmsted Medical Center 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
 05 / 21 / 2015
Transaction ID : 7063192
 Amount of Each Receipt this Period
 100.00

B. Eric Louis Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1573 Beacon St
 City Waban State MA Zip Code 02468-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tufts Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 7063193
 Amount of Each Receipt this Period
 84.00

C. Basil R Besh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6135 Clubhouse Dr
 City Pleasanton State CA Zip Code 94566-9864
 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 ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 7063194
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 269.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 401 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Roland Y Nakata MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 S Fairmont Ave
 City Lodi State CA Zip Code 95240-5116
 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 M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015
Transaction ID : 7063538
 Amount of Each Receipt this Period
 250.00

B. Ronald G Hayter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1660 Gulf to Bay Blvd
 City Clearwater State FL Zip Code 33755-6423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Florida Knee & Ortho Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015
Transaction ID : 7063539
 Amount of Each Receipt this Period
 500.00

C. Daniel R Ripa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4000 S 98th St
 City Lincoln State NE Zip Code 68520
 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 M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015
Transaction ID : 7063540
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 402 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. William A Tyndall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 Brittany Ln
 City Hollidaysburg State PA Zip Code 16648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Orthopedic 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 Y
 05 / 18 / 2015
Transaction ID : 7063541
 Amount of Each Receipt this Period
 500.00

B. David Yucha MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 628 Olympia Hills Circle
 City Berwyn State PA Zip Code 19312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics and Sports Medici 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
 05 / 18 / 2015
Transaction ID : 7063792
 Amount of Each Receipt this Period
 500.00

C. Eric Lebby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2056 Majestic Overlook Dr
 City Bethlehem State PA Zip Code 18015-5504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Lancaster 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
 05 / 18 / 2015
Transaction ID : 7063794
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 403 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Frank P Giammattei MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Woodbrook Rd
 City Swarthmore State PA Zip Code 19081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 22 / 2015
Transaction ID : 7064371
 Amount of Each Receipt this Period 83.33

B. Kent Steven Marangi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3813 Vista Blanca
 City San Clemente State CA Zip Code 92672
 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 05 / 21 / 2015
Transaction ID : 7065602
 Amount of Each Receipt this Period 250.00

C. Craig Alan Butler MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 326 Conshohocken State Road, #375
 City Gladwyne State PA Zip Code 19035-1380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Veritas Medical Solutions Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2015
Transaction ID : 7065603
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.33
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 404 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Felix H Savoie III, MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 7065604
 Amount of Each Receipt this Period
 500.00

B. Enzo J Sella MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2408 Whitney Ave
 City Hamden State CT Zip Code 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 7065605
 Amount of Each Receipt this Period
 500.00

C. Kevin A McCracken MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Magna Dr
 City Gillette State NJ Zip Code 07933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic & Spine Specialists 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
 05 / 21 / 2015
Transaction ID : 7065614
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 405 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Alexander I Glogau MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5716 Seville Court
 City Plano State TX Zip Code 75093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoTexas 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
 05 / 21 / 2015
Transaction ID : 7065616
 Amount of Each Receipt this Period
1000.00

B. Jeffrey Chase MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1029 Dell Drive
 City Cherry Hill State NJ Zip Code 08003
 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 M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 7065617
 Amount of Each Receipt this Period
500.00

C. Darryl W Peterson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1920 Highley Suite 206
 City Gilbert State AZ Zip Code 85234
 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 M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 7065618
 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 406 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Matthew J McKenzie MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 E 23rd St
 City State Zip Code
 Sioux Falls SD 57105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Institute of Wisconsin 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
 05 / 21 / 2015
Transaction ID : 7065619
 Amount of Each Receipt this Period
 750.00

B. Peter A Looby MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Orthopedic Institute Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : 7065620
 Amount of Each Receipt this Period
 1000.00

C. Michael W Cantrell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2303 Covemont Dr SE
 City State Zip Code
 Huntsville AL 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Orthopaedic Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : 7065681
 Amount of Each Receipt this Period
 900.00

SUBTOTAL of Receipts This Page (optional).....▶	2650.00
TOTAL This Period (last page this line 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 407 OF 563 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Roshan P. Shah MD, JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Morningside Drive
 Apt 515
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPenn Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2015
Transaction ID : 7065782
 Amount of Each Receipt this Period
 85.00

B. Scott Snow Cooper MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8296 W Brown Rd
 City Lowell State AR Zip Code 72745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Clinic Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2015
Transaction ID : 7065784
 Amount of Each Receipt this Period
 100.00

C. Christopher A Wills MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 W La Veta Ave Ste 260
 City Orange State CA Zip Code 92868-4446
 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 ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2015
Transaction ID : 7065787
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional).....▶	269.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 408 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Rafael M Fernandez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 800809
 City Coto Laurel State PR Zip Code 00780-0809
 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 **05 / 25 / 2015**
Transaction ID : 7065789
 Amount of Each Receipt this Period **100.00**

B. Michael A Rauh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Middlebury Rd
 City Orchard Park State NY Zip Code 14127
 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 **350.00**

Date of Receipt **05 / 25 / 2015**
Transaction ID : 7065790
 Amount of Each Receipt this Period **100.00**

C. Charles A Hope II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Bent Tree Circle
 City Savannah State GA Zip Code 31411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **05 / 25 / 2015**
Transaction ID : 7065792
 Amount of Each Receipt this Period **5000.00**

SUBTOTAL of Receipts This Page (optional).....▶	5200.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 409 OF 563
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: PAGE 409 OF 563
(check only one)
[X] 11a 11b 11c 12
13 14 15 16 17

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

A. Andrew David Bries MD
Full Name (Last, First, Middle Initial)
Mailing Address 3126 Westminster Rd
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 500.00

Date of Receipt
05 / 27 / 2015
Transaction ID : 7067601
Amount of Each Receipt this Period
250.00

B. Bernard G Kirol MD
Full Name (Last, First, Middle Initial)
Mailing Address 106 Buckthorn Circle
City Elgin State SC Zip Code 29045
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
05 / 27 / 2015
Transaction ID : 7067602
Amount of Each Receipt this Period
75.00

C. Jeffrey M Colbert MD
Full Name (Last, First, Middle Initial)
Mailing Address 13160 Mindanao Way #325
City Marina Del Rey State CA Zip Code 90292-6614
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
05 / 21 / 2015
Transaction ID : 7069099
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 825.00
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 410 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Ali Reza Motamedi MD		Date of Receipt
Mailing Address 2455 Dunstan Rd Apt 349		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Houston	TX	77005-2304
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 7069100
Name of Employer	Occupation	Amount of Each Receipt this Period
UCLA	Orthopaedic Surgeon	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Alfredo L Axtmayer MD		Date of Receipt
Mailing Address 85 Barnes Rd, Suite 301		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Wallingford	CT	06492
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 7069104
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Orthopaedic Surgeon	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David M Henneghan MD		Date of Receipt
Mailing Address 2111 Shadow View Circle		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Plover	WI	54467
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 7069105
Name of Employer	Occupation	Amount of Each Receipt this Period
Klasinski Clinic	Orthopaedic Surgeon	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 411 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. George V Russell Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Hawthorne Vale
 City Ridgeland State MS Zip Code 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 **425.00**

Date of Receipt **05 / 21 / 2015**
Transaction ID : 7069107
 Amount of Each Receipt this Period **85.00**

B. Michael Lee Granberry MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 McGregor Avenue South
 City Mobile State AL Zip Code 36608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 21 / 2015**
Transaction ID : 7069108
 Amount of Each Receipt this Period **1000.00**

C. Mark M Dolan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 747 Church St SE
 City Salem State OR Zip Code 97301
 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 **05 / 27 / 2015**
Transaction ID : 7070504
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2085.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 412 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeffery D Angel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Virginia Dr Ste C
 City Batesville State AR Zip Code 72501-7331
 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2015
Transaction ID : 7070515
 Amount of Each Receipt this Period
 84.00

B. Stephen F Mitros MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 51045 Erin Glen Dr
 City Granger State IN Zip Code 46530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2015
Transaction ID : 7071800
 Amount of Each Receipt this Period
 85.00

C. Richard M Wilk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 69 Dartmouth Street
 City Newton State MA Zip Code 02465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Health
 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
 05 / 28 / 2015
Transaction ID : 7071960
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	419.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 413 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeffrey A Kazaglis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Stoneridge Drive
 City Barrington State IL Zip Code 60010
 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
 05 / 28 / 2015
Transaction ID : 7071961
 Amount of Each Receipt this Period
 250.00

B. Joseph Hasbrouck Schwab MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 Chestnut St
 City Boston State MA Zip Code 02108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts General
 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
 05 / 28 / 2015
Transaction ID : 7071962
 Amount of Each Receipt this Period
 500.00

C. Anthony V Petrosini MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Passaic Ave
 City Spring Lake State NJ Zip Code 07762-1341
 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 Y
 05 / 28 / 2015
Transaction ID : 7072003
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 414 OF 563 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Kurt V Voellmicke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Belvedere Ct
 City Ridgefield State CT Zip Code 06877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mt Kisco Medical 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
 05 / 28 / 2015
Transaction ID : 7072211
 Amount of Each Receipt this Period
 250.00

B. Michael D Sander MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Southgate Blvd
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doctors Hospital at Renaissance 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
 05 / 28 / 2015
Transaction ID : 7072213
 Amount of Each Receipt this Period
 250.00

C. Anthony Festa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Laurel Hill Rd
 City Mountain Lakes State NJ Zip Code 07046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Jersey Orthopaedic Institute 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
 05 / 28 / 2015
Transaction ID : 7072214
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 415 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Brian K Barnard MD		Date of Receipt
Mailing Address 1285 Orange Ave		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City Winter Park State FL Zip Code 32789-4984		Transaction ID : 7072220
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Jewett Orthopaedic Clinic Occupation Orthopaedic Surgeon		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Philip Meinhardt MD		Date of Receipt
Mailing Address 13509 Magnolia Park Ct		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City Windermere State FL Zip Code 34786-7413		Transaction ID : 7072221
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Jewett Orthopaedic Clinic Occupation Orthopaedic Surgeon		<input type="text" value="1800.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1800.00"/>	

Full Name (Last, First, Middle Initial) C. Richard M Konsens MD		Date of Receipt
Mailing Address 1696 Bridgewater Dr		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City Heathrow State FL Zip Code 32746		Transaction ID : 7072222
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Jewett Orthopaedic Clinic Occupation Orthopaedic Surgeon		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 416 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeffrey A Deren MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3451 Technological, Ave Ste 15
 City Orlando State FL Zip Code 32817
 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 **05 / 28 / 2015**
Transaction ID : 7072223
 Amount of Each Receipt this Period **1000.00**

B. Kurt A Gasner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 Prestige Pt
 City Oviedo State FL Zip Code 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 **05 / 28 / 2015**
Transaction ID : 7072224
 Amount of Each Receipt this Period **1000.00**

C. James B Montgomery MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7102 Westlake Ave
 City Dallas State TX Zip Code 75214-3546
 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 **05 / 28 / 2015**
Transaction ID : 7072226
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 417 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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. Bruce A Bollinger MD			Date of Receipt
Mailing Address 4401 Ridgehaven Rd			M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015
City	State	Zip Code	Transaction ID : 7072227
Fort Worth	TX	76116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1500.00
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	1500.00		

Full Name (Last, First, Middle Initial) B. Donald A Hackbarth Jr, MD			Date of Receipt
Mailing Address N70 W14567 Terrace Drive			M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015
City	State	Zip Code	Transaction ID : 7072228
Menomonee Falls	WI	53051	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
Medical College of Wisconsin	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	1000.00		

Full Name (Last, First, Middle Initial) C. Frederick F Fakharzadeh MD			Date of Receipt
Mailing Address 829 Ellis Place			M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015
City	State	Zip Code	Transaction ID : 7072229
Oradell	NJ	07649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	500.00		

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 418 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 W Wright MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2015
Mailing Address P.O. Box 112727 3450 Hull Road			Transaction ID : 7072230
City Gainesville	State FL	Zip Code 32610	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Florida	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Frederick M Azar MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2015
Mailing Address 1211 Union Ave Ste 500			Transaction ID : 7075369
City Memphis	State TN	Zip Code 38104	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Campbell Clinic	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Ronald W B Wyatt MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 03 / 2015
Mailing Address 533 Carleton Way			Transaction ID : 7084176
City Alamo	State CA	Zip Code 94507	Amount of Each Receipt this Period 100.00
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 ▼ 600.00		

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 419 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David J Mansfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1720 Murchison Drive
 City El Paso State TX Zip Code 79902-2921
 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 ▼ 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 7088877
 Amount of Each Receipt this Period
 85.00

B. Neal D Lintecum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 789 N 1500 Road
 City Lawrence State KS Zip Code 66049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Kansas Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 7088878
 Amount of Each Receipt this Period
 100.00

C. Andrew Wilson Ryan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2537 Larkin Rd
 City Lexington State KY Zip Code 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 M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : 7089396
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	685.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 420 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. John B Wood MD
Full Name (Last, First, Middle Initial)

Mailing Address 403 Mockingbird Ln

City Carbondale State IL Zip Code 62901-5249

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
06 / 06 / 2015
Transaction ID : 7090110

Amount of Each Receipt this Period
250.00

B. Daniel William Green MD
Full Name (Last, First, Middle Initial)

Mailing Address 535 E 70th St

City New York State NY Zip Code 10021-4823

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

Name of Employer Hospital for Special Surgery
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
06 / 07 / 2015
Transaction ID : 7090136

Amount of Each Receipt this Period
175.00

C. Peter O Newton MD
Full Name (Last, First, Middle Initial)

Mailing Address 3030 Children's Way Ste 410

City San Diego State CA Zip Code 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 ▼
250.00

Date of Receipt
06 / 08 / 2015
Transaction ID : 7090652

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 421 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Daniel J Daluga MD
 Full Name (Last, First, Middle Initial)
 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 General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **06 / 04 / 2015**
Transaction ID : 7090857
 Amount of Each Receipt this Period **200.00**

B. William L Hennrikus Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Laurel Ridge Rd
 City Hershey State PA Zip Code 17033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Hershey Medical Ctr Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **06 / 04 / 2015**
Transaction ID : 7090858
 Amount of Each Receipt this Period **500.00**

C. Bryan T Edwards MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17616 River Ford Drive
 City Davidson State NC Zip Code 28036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Novant Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 04 / 2015**
Transaction ID : 7090859
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **950.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 422 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John Charles Kofoed MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2619 Seminole Ct
 City State Zip Code
 Fairfield CA 94534-7871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sutter Medical Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 7090860
 Amount of Each Receipt this Period
 84.00

B. Thomas J Grogan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 S. Westgate Ave
 City State Zip Code
 Los Angeles CA 90049
 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 M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 7090865
 Amount of Each Receipt this Period
 250.00

C. Robert Gorman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2312 Shelter Pointe Drive
 City State Zip Code
 Kalamazoo MI 49008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Healthcare Midwest Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 7090884
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 423 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. C Thomas Hopkins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 717 S. 8th Street
 City Griffin State GA Zip Code 30224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OrthoGeorgia 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
 06 / 04 / 2015
Transaction ID : 7090885
 Amount of Each Receipt this Period
250.00

B. Peter Damien Hanson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 Stuart St
 City Helena State MT Zip Code 59601-2333
 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 M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 7090886
 Amount of Each Receipt this Period
500.00

C. William Rozzi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 51116 Shamrock Hills Ct
 City Granger State IN Zip Code 46530-7824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Bend 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
 06 / 04 / 2015
Transaction ID : 7090888
 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	FOR LINE NUMBER: (check only one)	PAGE 424 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Franklin H Sim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1303 Woodland Dr SW
 City Rochester State MN Zip Code 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 7090889
 Amount of Each Receipt this Period
 1000.00

B. Robert James Carangelo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Balfour Dr
 City West Hartford State CT Zip Code 06117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Association of Hartford 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
 06 / 04 / 2015
Transaction ID : 7090891
 Amount of Each Receipt this Period
 250.00

C. Don A Kovalsky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Gregory Ln
 City Newtown Square State PA Zip Code 19073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Center of Southern Illinois 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
 06 / 04 / 2015
Transaction ID : 7091761
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 425 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kent A Reinker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 928 Hokulani Street
 City Honolulu State HI Zip Code 96825
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 7091762
 Amount of Each Receipt this Period
 300.00

B. Michael Augustine Yusaf MD
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 7091763
 Amount of Each Receipt this Period
 250.00

C. Ather Mirza MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 290 E Main St Ste 200
 City Smithtown State NY Zip Code 11787-2916
 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 M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 7091765
 Amount of Each Receipt this Period
 500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 426 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. William Bugbee MD

Mailing Address 13219 Winstanley Way

City San Diego State CA Zip Code 92130-1335

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

Name of Employer Scripps Clinic 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
 06 / 04 / 2015
Transaction ID : 7091768

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Thomas J Meyer MD

Mailing Address 180 S. Third St. Suite 100

City Belleville State IL Zip Code 62220

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

Name of Employer HSHS Medical 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
 06 / 04 / 2015
Transaction ID : 7091770

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Patrick T McCulloch MD

Mailing Address 12 Caley Drive

City Canonsburg State PA Zip Code 15317-5990

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

Name of Employer Advanced Orthopaedics & Rehabilitation Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2015
Transaction ID : 7091790

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **834.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 427 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Paul Tornetta III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 Harrison Ave., D2N
 City Boston State MA Zip Code 02118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston Medical Center 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
 06 / 10 / 2015
Transaction ID : 7097178
 Amount of Each Receipt this Period
 1000.00

B. James V Nepola MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Hawkins Dr Dept of Ortho
 City Iowa City State IA Zip Code 52242-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Iowa Hospitals & Clinics 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
 06 / 11 / 2015
Transaction ID : 7097204
 Amount of Each Receipt this Period
 250.00

c. Craig Robert Mahoney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2004 S 40th Ct
 City West Des Moines State IA Zip Code 50265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Iowa Orthopaedic Center 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
 06 / 11 / 2015
Transaction ID : 7097368
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 428 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bryan Scott Moon MD
Full Name (Last, First, Middle Initial)
Mailing Address 1026 Split Elm Drive
City Missouri City State TX Zip Code 77459-7542
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 ▼ 252.00

Date of Receipt 06 / 13 / 2015
Transaction ID : 7111678
Amount of Each Receipt this Period 84.00

B. Scott Edward Porter MD
Full Name (Last, First, Middle Initial)
Mailing Address 7 Independence Pt Suite 140
City Greenville State SC Zip Code 29615-4550
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 ▼ 252.00

Date of Receipt 06 / 14 / 2015
Transaction ID : 7112067
Amount of Each Receipt this Period 84.00

C. Suleman M Hussain MD
Full Name (Last, First, Middle Initial)
Mailing Address 6817 Still Creek Pass
City Bettendorf State IA Zip Code 52722-7567
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 ▼ 252.00

Date of Receipt 06 / 14 / 2015
Transaction ID : 7112068
Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 252.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 429 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Michael J Archibeck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4409 Chinlee Ave
 City Albuquerque State NM Zip Code 87110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Mexico Orthopaedics 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
 06 / 15 / 2015
Transaction ID : 7113323
 Amount of Each Receipt this Period
 500.00

B. Gaia Georgopoulos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7294 S Uravan Ct
 City Foxfield State CO Zip Code 80016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UC Denver 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
 06 / 15 / 2015
Transaction ID : 7113324
 Amount of Each Receipt this Period
 1000.00

C. John B Weltmer Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13410 Mason Grove Lane
 City Town and Country State MO Zip Code 63131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BJC Medical 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
 06 / 15 / 2015
Transaction ID : 7123812
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 430 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Stephen O Berthelsen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2010 Knollwood Dr
 City Fairmont State MN Zip Code 56031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Health Systems 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
 06 / 15 / 2015
Transaction ID : 7123813
 Amount of Each Receipt this Period
 250.00

B. Courtland G Lewis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 499 Farmington Ave, Suite 300
 City Farmington State CT Zip Code 06032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Assoc of RI 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
 06 / 15 / 2015
Transaction ID : 7123814
 Amount of Each Receipt this Period
 500.00

C. Zoran Cupic MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13310 Saint Marys Ln
 City Houston State TX Zip Code 77079-3413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Texas 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
 06 / 15 / 2015
Transaction ID : 7123815
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 431 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. William A Paton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4036 Vance Dr
 City Anchorage State AK Zip Code 99508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired 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
 06 / 15 / 2015
Transaction ID : 7123816
 Amount of Each Receipt this Period
 250.00

B. Jason Carter Hough DO
 Full Name (Last, First, Middle Initial)
 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 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 Y
 06 / 15 / 2015
Transaction ID : 7123817
 Amount of Each Receipt this Period
 500.00

C. George V Russell Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Hawthorne Vale
 City Ridgeland State MS Zip Code 39157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UMMC Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : 7124225
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	835.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 432 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Steven D Glassman MD
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : 7124227
 Amount of Each Receipt this Period
 1000.00

B. John Lawrence Marsh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Hawkins Drive
 01071JPP
 City Iowa City State IA Zip Code 52242-1088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Iowa Hospitals & Clinics 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
 06 / 15 / 2015
Transaction ID : 7124228
 Amount of Each Receipt this Period
 1000.00

C. Richard Lee Crank DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6588 Eagle Ridge Way
 City Lakeland State FL Zip Code 33813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeland Regional Medical Center 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
 06 / 15 / 2015
Transaction ID : 7124589
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 433 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Charles Brandon Broome MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 820 Rosinante Rd
 City El Paso State TX Zip Code 79922
 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 M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : 7124594
 Amount of Each Receipt this Period
 1000.00

B. Anca Popa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 River Rd Ste 825
 City Edgewater State NJ Zip Code 07020
 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 M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : 7124604
 Amount of Each Receipt this Period
 500.00

C. Stephen G J Eckrich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5511 Shooting Star Trail
 City Rapid City State SD Zip Code 57702-8867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Black Hills Orthopaedic & Spine
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 501.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2015
Transaction ID : 7126202
 Amount of Each Receipt this Period
 83.50

SUBTOTAL of Receipts This Page (optional).....▶	1583.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 434 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dirk A Bakker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9097 Lakeshore Dr
 City West Olive State MI Zip Code 49460
 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 06 / 18 / 2015
Transaction ID : 7126730
 Amount of Each Receipt this Period 500.00

B. Timothy Eugene Doerr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8854 W Emerald Suite 140
 City Boise State ID Zip Code 83704
 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 06 / 19 / 2015
Transaction ID : 7133171
 Amount of Each Receipt this Period 500.00

C. James Stuart Melvin III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 N Pine St #4603
 City Charlotte State NC Zip Code 28202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Penn Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 19 / 2015
Transaction ID : 7134029
 Amount of Each Receipt this Period 800.00

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	FOR LINE NUMBER: (check only one)	PAGE 435 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mark Mikhael MD
Full Name (Last, First, Middle Initial)

Mailing Address 4731 Nomad Dr

City Woodland Hills State CA Zip Code 91364-4717

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 **06 / 20 / 2015**

Transaction ID : 7134032

Amount of Each Receipt this Period **375.00**

B. Mark Ruoff MD
Full Name (Last, First, Middle Initial)

Mailing Address 15 Sierra Ct

City Hillsdale State NJ Zip Code 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 ▼ **500.00**

Date of Receipt **06 / 20 / 2015**

Transaction ID : 7134036

Amount of Each Receipt this Period **500.00**

C. Pierre Andre Bruneau MD
Full Name (Last, First, Middle Initial)

Mailing Address 3405 Florida St Unit 409

City San Diego State CA Zip Code 92104

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

Name of Employer US Navy Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 20 / 2015**

Transaction ID : 7134038

Amount of Each Receipt this Period **250.00**

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 436 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Todd A Schmidt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2865 Lake Park Drive
 City Jonesboro State GA Zip Code 30236-4133
 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 ▼ 504.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2015
Transaction ID : 7134442
 Amount of Each Receipt this Period
 84.00

B. David R Chandler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 Middle Plantation Ln
 City Gulf Breeze State FL Zip Code 32561-4899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2015
Transaction ID : 7134443
 Amount of Each Receipt this Period
 85.00

C. Jeffrey P Beckenbaugh DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1302 Lecy Lane NE
 City Stewartville State MN Zip Code 55976-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olmsted Medical Center 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 Y
 06 / 21 / 2015
Transaction ID : 7134444
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 269.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 437 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Eric Louis Smith MD			Date of Receipt
Mailing Address 1573 Beacon St			M M M / D D D / Y Y Y Y Y Y 06 / 21 / 2015
City	State	Zip Code	Transaction ID : 7134445
Waban	MA	02468-1507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer	Occupation		
Tufts Medical Center	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	504.00		

Full Name (Last, First, Middle Initial) B. Basil R Besh MD			Date of Receipt
Mailing Address 6135 Clubhouse Dr			M M M / D D D / Y Y Y Y Y Y 06 / 21 / 2015
City	State	Zip Code	Transaction ID : 7134446
Pleasanton	CA	94566-9864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	510.00		

Full Name (Last, First, Middle Initial) C. John P Nash MD			Date of Receipt
Mailing Address 14 Turnberry Lane			M M M / D D D / Y Y Y Y Y Y 06 / 21 / 2015
City	State	Zip Code	Transaction ID : 7134457
Lookout Mountain	GA	30750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
Chattanooga Bone & Joint Center	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	500.00		

SUBTOTAL of Receipts This Page (optional).....▶	669.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 438 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Frank P Giammattei MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Woodbrook Rd
 City Swarthmore State PA Zip Code 19081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 22 / 2015
Transaction ID : 7134458
 Amount of Each Receipt this Period 83.33

B. Thomas E Trumble MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7683 SE 27th St. #254
 City Mercer Island State WA Zip Code 98040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bellevue Hand Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2015
Transaction ID : 7140407
 Amount of Each Receipt this Period 500.00

c. R Christopher Glattes MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 1000.00

Date of Receipt 06 / 23 / 2015
Transaction ID : 7140581
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 1583.33
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 439 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. David R Moore MD
 Full Name (Last, First, Middle Initial)
 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 General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 23 / 2015**
Transaction ID : 7140585
 Amount of Each Receipt this Period **1000.00**

B. Nicholas G Weiss MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14916 122nd St N
 City Stillwater State MN Zip Code 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Croix Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 23 / 2015**
Transaction ID : 7140688
 Amount of Each Receipt this Period **500.00**

C. Thomas E Hoerner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Jenkins Rd
 City Andover State MA Zip Code 01810-2306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Essex Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 23 / 2015**
Transaction ID : 7140690
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 440 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Roshan P. Shah MD, JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Morningside Drive
 Apt 515
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPenn Occupation Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2015
Transaction ID : 7140692
 Amount of Each Receipt this Period
 85.00

B. Robert P Limoni MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3072 Bay Settlement Ct
 City Green Bay State WI Zip Code 54311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Care Clinic 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
 06 / 23 / 2015
Transaction ID : 7142855
 Amount of Each Receipt this Period
 250.00

C. Bernard F Morrey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8245 Fm 2981
 City Fayetteville State TX Zip Code 78940-5270
 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 M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : 7142856
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	835.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 441 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John Gill Sullivan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1120
 City State Zip Code
 Crystal Beach FL 34681-1120
 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
 06 / 23 / 2015
Transaction ID : 7142857
 Amount of Each Receipt this Period
 1000.00

B. Annunziato Amendola MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Univ of Iowa Hospitals & Clinics 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
 06 / 23 / 2015
Transaction ID : 7142858
 Amount of Each Receipt this Period
 1000.00

C. Richard J Hawkins MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Patewood Dr
 Ste C 100
 City State Zip Code
 Greenville SC 29615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Greenville Hospital System 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
 06 / 23 / 2015
Transaction ID : 7142859
 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**

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

FOR LINE NUMBER: PAGE 442 OF 563
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Morgan Packard Lorio MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Medical Park Blvd Ste 2700
 City Bristol State TN Zip Code 37620
 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
 06 / 23 / 2015
Transaction ID : 7142865
 Amount of Each Receipt this Period
 250.00

B. Bourck D Cashmore MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 W. Mt. Elden Lookout Rd
 City Flagstaff State AZ Zip Code 86001-3834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northern Arizona Orthopaedics 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
 06 / 23 / 2015
Transaction ID : 7142866
 Amount of Each Receipt this Period
 1000.00

c. Michael Robson Fraser Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4802 Olney Street
 City San Diego State CA Zip Code 92109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 US Navy 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
 06 / 23 / 2015
Transaction ID : 7142868
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 443 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Christopher A Wills MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 W La Veta Ave Ste 260
 City Orange State CA Zip Code 92868-4446
 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 ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : 7143894
 Amount of Each Receipt this Period
 84.00

B. Rafael M Fernandez MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 800809
 City Coto Laurel State PR Zip Code 00780-0809
 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 M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : 7143895
 Amount of Each Receipt this Period
 100.00

C. Michael A Rauh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Middlebury Rd
 City Orchard Park State NY Zip Code 14127
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : 7143897
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 444 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jim K Hudson MD
 Full Name (Last, First, Middle Initial)
 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 Self Employed 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
 06 / 25 / 2015
Transaction ID : 7143898
 Amount of Each Receipt this Period
250.00

B. Michael Suk MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1095 Limestoneville Road
 City Milton State PA Zip Code 17847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Geisinger Medical System Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : 7143899
 Amount of Each Receipt this Period
250.00

C. Jeffrey D Willers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 824 Glen Leven Dr
 City Nashville State TN Zip Code 37204-4316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Elite Sports Medicine Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : 7143901
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 445 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Frederick T Lohr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Talbot Blvd
 Suite W
 City Chestertown State MD Zip Code 21620-1435
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : 7145023
 Amount of Each Receipt this Period
 250.00

B. Gregg Louis Massanelli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 Vine St
 City El Dorado State AR Zip Code 71730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Arkansas Ortho Center
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : 7145719
 Amount of Each Receipt this Period
 375.00

C. Pamela E Glennon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4050 Ashland Ave
 City Wausau State WI Zip Code 54403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bone & Joint Clinic
 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
 06 / 23 / 2015
Transaction ID : 7147059
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 446 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Craig Alan Zeman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3525 Loma Vista Rd
 City State Zip Code
 Ventura CA 93003-3101
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : 7147060
 Amount of Each Receipt this Period
 250.00

B. Bradley Christopher Daily MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Red Fox Lane
 City State Zip Code
 Salina KS 67401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Clinic of Salina Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : 7147061
 Amount of Each Receipt this Period
 500.00

C. William A Ciszewski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 451 Pheasant Run
 City State Zip Code
 Webster NY 14580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Westside Orthopedics PC Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : 7147062
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 447 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John Charles Kofoed MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2619 Seminole Ct
 City State Zip Code
 Fairfield CA 94534-7871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sutter Medical Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : 7147063
 Amount of Each Receipt this Period
 84.00

B. John B Wood MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 403 Mockingbird Ln
 City State Zip Code
 Carbondale IL 62901-5249
 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 M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : 7147156
 Amount of Each Receipt this Period
 250.00

c. Thomas David Greider MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5210 Brae Burn
 City State Zip Code
 Bellaire TX 77401
 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 ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : 7147257
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	584.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 448 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Paul E Papierski MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Self Employed Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : 7147259
 Amount of Each Receipt this Period
 300.00

B. Leon P Mead MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Barefoot Beach Blvd
 City State Zip Code
 Bonita Springs FL 34134
 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 M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : 7147307
 Amount of Each Receipt this Period
 1000.00

C. Steven C Chudik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4809 Lawn Avenue
 City State Zip Code
 Western Springs IL 60558
 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 M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : 7147321
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 449 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Jeffrey C King MD		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 Transaction ID : 7147329
Mailing Address 7665 Finnagen Dr		Amount of Each Receipt this Period 500.00
City Mattawan	State MI	Zip Code 49071-9541
FEC ID number of contributing federal political committee. C	Name of Employer Bronson Healthcare Group	Occupation Orthopaedic Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Craig William Roodbeen MD		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 Transaction ID : 7147330
Mailing Address 1350 Kirts Blvd Ste 160		Amount of Each Receipt this Period 250.00
City Troy	State MI	Zip Code 48084-4830
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Hal J McCutchan MD		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015 Transaction ID : 7147331
Mailing Address 14221 92nd St SE		Amount of Each Receipt this Period 1000.00
City Snohomish	State WA	Zip Code 98290
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	

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 450 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 H Mahon MD		Date of Receipt
Mailing Address 8602 N Cardinal Dr		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Phoenix	AZ	85028
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 7147332
Name of Employer	Occupation	Amount of Each Receipt this Period
Retired	Orthopaedic Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert H Blotter MD		Date of Receipt
Mailing Address 1414 W Fair Ave Ste 190		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Marquette	MI	49855-2693
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 7148500
Name of Employer	Occupation	Amount of Each Receipt this Period
Advanced Center for Orthopaedics	Orthopaedic Surgeon	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John Bellatti MD		Date of Receipt
Mailing Address 64-5279 Kipahale St		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Kamuela	HI	96743
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 7148570
Name of Employer	Occupation	Amount of Each Receipt this Period
North Hawaii Community Hospital	Orthopaedic Surgeon	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 451 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stephen L Curtin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5810 N Moccasin Trl
 City Tucson State AZ Zip Code 85750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tucson Ortho Institute 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
 06 / 26 / 2015
Transaction ID : 7149318
 Amount of Each Receipt this Period
 1000.00

B. Bernard G Kirol MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Buckthorn Circle
 City Elgin State SC Zip Code 29045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midlands Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2015
Transaction ID : 7150494
 Amount of Each Receipt this Period
 75.00

C. Carolyn Hettrich MD, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2983 Oliver Lane NE
 City Iowa City State IA Zip Code 52240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Iowa 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
 06 / 27 / 2015
Transaction ID : 7150496
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 452 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Paul J Braaton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1335 Coffee Rd Ste 100
 City Modesto State CA Zip Code 95355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2015
Transaction ID : 7150497
 Amount of Each Receipt this Period
 84.00

B. Ronald Anthony Navarro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Wide Loop Rd
 City Rolling Hills State CA Zip Code 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern California Permanente Medical
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2015
Transaction ID : 7150498
 Amount of Each Receipt this Period
 84.00

C. Stephen F Mitros MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 51045 Erin Glen Dr
 City Granger State IN Zip Code 46530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2015
Transaction ID : 7150501
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	253.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 453 OF 563
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Jeffery D Angel MD			Date of Receipt
Mailing Address 501 Virginia Dr Ste C			M M M / D D D / Y Y Y Y Y Y 06 / 28 / 2015
City	State	Zip Code	Transaction ID : 7150502
Batesville	AR	72501-7331	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	504.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mark Wesley Hanna MD			Date of Receipt
Mailing Address 1193 Angelo Court			M M M / D D D / Y Y Y Y Y Y 06 / 28 / 2015
City	State	Zip Code	Transaction ID : 7151172
Atlanta	GA	30319	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation		
Resurgens Orthopaedics	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Brian A Shaw MD			Date of Receipt
Mailing Address 8340 Westwood Rd			M M M / D D D / Y Y Y Y Y Y 06 / 28 / 2015
City	State	Zip Code	Transaction ID : 7151174
Colorado Springs	CO	80919-3243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		462.00
Name of Employer	Occupation		
Univ of Colorado	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	1000.00		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	1546.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 454 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. James William Barber MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Shirley Avenue
 City Douglas State GA Zip Code 31533-2211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 Y
 06 / 29 / 2015
Transaction ID : 7151187
 Amount of Each Receipt this Period
 500.00

B. Robert D LeBlanc Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 Worth Ave
 City Lafayette State LA Zip Code 70508-6636
 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 Y
 06 / 29 / 2015
Transaction ID : 7151192
 Amount of Each Receipt this Period
 500.00

C. Ira Joel Singer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Intervale Rd
 City Providence State RI Zip Code 02906
 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 Y
 06 / 29 / 2015
Transaction ID : 7158028
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 455 OF 563
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Stephen W Shick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14577 Faucet Lane
 City Fishers State IN Zip Code 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 **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : 7163752
 Amount of Each Receipt this Period
1000.00

B. Chad E Mathis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5302 Mountain Park Drive
 City Indian Springs State AL Zip Code 35124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alabama Bone & Joint 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
 06 / 29 / 2015
Transaction ID : 7163754
 Amount of Each Receipt this Period
1000.00

C. Gerald W Rothacker Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 817 Woodfield Dr
 City Lititz State PA Zip Code 17543-8377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates of Lancaster 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
 06 / 30 / 2015
Transaction ID : 7166765
 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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 456 OF 563
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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. Brett Raymond Grebing MD			Date of Receipt
Mailing Address 719 Schwarz Rd			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 7167113
Edwardsville	IL	62025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Self Employed	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Scott W McCall MD			Date of Receipt
Mailing Address 405 Tramore Ct			<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : 7242090
Franklin	TN	37067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="0.00"/>
Name of Employer	Occupation		
MTBJ	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="0.00"/>		
<input type="checkbox"/> Other (specify) ▼			

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial) C.			Date of Receipt
Mailing Address			<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text"/>
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="770134.32"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 457 OF 563
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. American Association of Orthopaedic Surgeons		Date of Receipt MM / DD / YYYY 01 / 20 / 2015 Transaction ID : 6751277
Mailing Address 9400 W. Higgins		Amount of Each Receipt this Period 396.08
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.08	
		Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial) B. American Association of Orthopaedic Surgeons		Date of Receipt MM / DD / YYYY 02 / 17 / 2015 Transaction ID : 6809594
Mailing Address 9400 W. Higgins		Amount of Each Receipt this Period 2317.84
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2713.92	
		Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial) C. American Association of Orthopaedic Surgeons		Date of Receipt MM / DD / YYYY 03 / 17 / 2015 Transaction ID : 6880812
Mailing Address 9400 W. Higgins		Amount of Each Receipt this Period 4015.01
City Rosemont	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6728.93	
		Refund of bank fees from affiliated organization

SUBTOTAL of Receipts This Page (optional).....▶	6728.93
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 458 OF 563
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. American Association of Orthopaedic Surgeons		Date of Receipt
Mailing Address 9400 W. Higgins		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rosemont	IL	60018
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6981522
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2603.55"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Refund of bank fees from affiliated organization
	<input type="text" value="9332.48"/>	

Full Name (Last, First, Middle Initial) B. American Association of Orthopaedic Surgeons		Date of Receipt
Mailing Address 9400 W. Higgins		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rosemont	IL	60018
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 7065197
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2990.13"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Refund of bank fees from affiliated organization
	<input type="text" value="12322.61"/>	

Full Name (Last, First, Middle Initial) C. American Association of Orthopaedic Surgeons		Date of Receipt
Mailing Address 9400 W. Higgins		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rosemont	IL	60018
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 7132504
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="1267.32"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Refund of bank fees from affiliated organization
	<input type="text" value="13589.93"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6861.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="13589.93"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 459 OF 563
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Paul Gosar for Congress
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 2967

City Prescott	State AZ	Zip Code 86302
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00461806

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 13 / 2015
Transaction ID : 6736960

Amount of Each Receipt this Period
1500.00

Refund of excess contribution 2014

B. BRETT PAC
Full Name (Last, First, Middle Initial)
Mailing Address 608 Montgomery Ave

City Elizabethtown	State KY	Zip Code 42701
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00483487

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 Y
01 / 19 / 2015
Transaction ID : 6762468

Amount of Each Receipt this Period
5000.00

Refund of excess contribution

C. Cantor for Congress
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 17813

City Richmond	State VA	Zip Code 23226
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00355461

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 05 / 2015
Transaction ID : 7117189

Amount of Each Receipt this Period
750.00

Refund of contribution

SUBTOTAL of Receipts This Page (optional).....▶	7250.00
TOTAL This Period (last page this line number only).....▶	7250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2015

Transaction ID : 6719192

Amount of Each Disbursement this Period

94.29

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
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2015

Transaction ID : 6788981

Amount of Each Disbursement this Period

847.24

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
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2015

Transaction ID : 6788983

Amount of Each Disbursement this Period

584.55

Bank fees deducted from account

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

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

1526.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6789279

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6789280

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6789282

Amount of Each Disbursement this Period

Bank fees deducted from account

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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 Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6789283

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6809599

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6825400

Amount of Each Disbursement this Period

Bank fees deducted from account

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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 Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2015

Transaction ID : 6825401

Amount of Each Disbursement this Period

109.13

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2015

Transaction ID : 6825404

Amount of Each Disbursement this Period

1321.14

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2015

Transaction ID : 6825411

Amount of Each Disbursement this Period

323.51

Bank fees deducted from account

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

1753.78

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6826127

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6861848

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6885406

Amount of Each Disbursement this Period

Bank fees deducted from account

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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 Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6921330

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6921331

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6921332

Amount of Each Disbursement this Period

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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 Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : 6921333

Amount of Each Disbursement this Period

263.03

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 07 / 2015

Transaction ID : 6921334

Amount of Each Disbursement this Period

129.13

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2015

Transaction ID : 6921335

Amount of Each Disbursement this Period

113.44

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ▶

505.60

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6921336

Amount of Each Disbursement this Period

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
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6921337

Amount of Each Disbursement this Period

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
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6969596

Amount of Each Disbursement this Period

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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 Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2015

Transaction ID : 6986922

Amount of Each Disbursement this Period

376.13

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2015

Transaction ID : 6986923

Amount of Each Disbursement this Period

497.17

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2015

Transaction ID : 7000486

Amount of Each Disbursement this Period

607.86

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1481.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7000487

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7000488

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7000489

Amount of Each Disbursement this Period

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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 Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7000490

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7000491

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7034647

Amount of Each Disbursement this Period

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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 Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7054722

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7069057

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7080765

Amount of Each Disbursement this Period

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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 Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7080766

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7080767

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7117168

Amount of Each Disbursement this Period

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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 Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7117171

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7117187

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7168409

Amount of Each Disbursement this Period

Bank fees deducted from account

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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 Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank fees deducted from account

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7168420

Amount of Each Disbursement this Period

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Mike Bishop for Congress

Mailing Address P.O. Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement
DEBT

011

Category/
Type

Candidate Name

Mr. Michael Bishop

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	5

Transaction ID : 6694535

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

DEBT

Full Name (Last, First, Middle Initial)

B. Conyers for Congress

Mailing Address P.O. Box 70980

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Conyers

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: DC District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : 6719873

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Conyers for Congress

Mailing Address P.O. Box 70980

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Conyers

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: DC District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : 6719874

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	2	5	0	.	0	0
---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

1	2	5	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Kevin McCarthy for Congress

Mailing Address P.O. Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : 6719875

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy for Congress

Mailing Address P.O. Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : 6719876

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Buck for Colorado

Mailing Address P.O. Box 338018

City Greeley State CO Zip Code 80633

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kenneth Buck

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : 6719880

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Buddy Carter for Congress

Mailing Address 200 E St Julian St. Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement DEBT

011

Candidate Name
Earl Carter

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : 6719883

Amount of Each Disbursement this Period

5000.00

DEBT

Full Name (Last, First, Middle Initial)

B. Loudermilk for Congress

Mailing Address P.O. Box 447

City Cassville State GA Zip Code 30123

Purpose of Disbursement DEBT

011

Candidate Name
Barry Loudermilk

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 11

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Runoff2013

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : 6719885

Amount of Each Disbursement this Period

5000.00

DEBT

Full Name (Last, First, Middle Initial)

C. Rick W. Allen for Congress

Mailing Address P. O. Box 338

City Augusta State GA Zip Code 30903

Purpose of Disbursement DEBT

011

Candidate Name
Richard Allen

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : 6719889

Amount of Each Disbursement this Period

5000.00

DEBT

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Moolenaar for Congress

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
DEBT

011

Candidate Name

John Moolenaar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : 6719891

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

DEBT

Full Name (Last, First, Middle Initial)

B. Elise for Congress

Mailing Address P.O. Box 338

City Willsboro State NY Zip Code 12996

Purpose of Disbursement
DEBT

011

Candidate Name

Elise Stefanik

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : 6719896

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

DEBT

Full Name (Last, First, Middle Initial)

C. Walker 4 NC

Mailing Address 2941 Battleground Ave
Box 38334

City Greensboro State NC Zip Code 27438

Purpose of Disbursement

011

Candidate Name

Bradley Walker

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : 6719897

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. David Rouzer for Congress

Mailing Address P.O. Box 2267

City State Zip Code
Smithfield NC 27577

Purpose of Disbursement

011

Candidate Name

David Rouzer

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : 6719898

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Dan Newhouse for Congress

Mailing Address P.O. Box 10949

City State Zip Code
Yakima WA 98909

Purpose of Disbursement
DEBT

011

Candidate Name

Daniel Newhouse

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : 6719899

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

DEBT

Full Name (Last, First, Middle Initial)

C. Mooney for Congress

Mailing Address P.O. Box 1863

City State Zip Code
Martinsburg WV 25402

Purpose of Disbursement
DEBT

011

Candidate Name

Alexander Mooney

Category/
Type

Office Sought: House
 Senate
 President
State: WV District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : 6719900

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

DEBT

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1	2	5	0	0	.	0	0
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5	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Zeldin for Congress

Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lee Zeldin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	15	/	2015

Transaction ID : 6719901

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Poliquin for Congress

Mailing Address P.O. Box 50

City Oakland State ME Zip Code 04963

Purpose of Disbursement
DEBT

011

Category/
Type

Candidate Name

Bruce Poliquin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	15	/	2015

Transaction ID : 6719902

Amount of Each Disbursement this Period

5000.00

DEBT

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Comm.

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2015 Dues

011

Category/
Type

Candidate Name

National Republican Congressional Comm.

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
01	/	15	/	2015

Transaction ID : 6719905

Amount of Each Disbursement this Period

15000.00

2015 Dues

SUBTOTAL of Disbursements This Page (optional)..... ▶

22500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2015 Dues

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : 6719906

Amount of Each Disbursement this Period

15000.00

2015 Dues

Full Name (Last, First, Middle Initial)

B. Republican National Committee

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2015 Dues

011

Candidate Name

Republican National Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : 6719907

Amount of Each Disbursement this Period

15000.00

2015 Dues

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
2015 Dues

011

Candidate Name

Democratic Congressional Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : 6719909

Amount of Each Disbursement this Period

15000.00

2015 Dues

SUBTOTAL of Disbursements This Page (optional)..... ▶

45000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2015 Dues

011

Candidate Name

Democratic Senatorial Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : 6719910

Amount of Each Disbursement this Period

15000.00

2015 Dues

Full Name (Last, First, Middle Initial)

B. Tuesday Group PAC

Mailing Address P.O. Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Tuesday Group PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : 6719911

Amount of Each Disbursement this Period

5000.00

2015 Contribution

Full Name (Last, First, Middle Initial)

C. Devin Nunes Campaign Committee

Mailing Address P.O. Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

011

Candidate Name

Devin Nunes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : 6719913

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

22500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. ORRINPAC

Mailing Address 175 S West Temple
Suite 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement
Hatch's LPAC

Candidate Name
ORRINPAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 6719914

Amount of Each Disbursement this Period

Hatch's LPAC

Full Name (Last, First, Middle Initial)

B. Delbene for Congress

Mailing Address P.O. Box 487

City State Zip Code
Bothell WA 98041

Purpose of Disbursement

Candidate Name
Rep. Suzan DelBene

Office Sought: House
 Senate
 President
State: WA District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 6719916

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Swalwell for Congress

Mailing Address P.O. Box 2847

City State Zip Code
Dublin CA 94568

Purpose of Disbursement

Candidate Name
Rep. Eric Swalwell

Office Sought: House
 Senate
 President
State: CA District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 6719917

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Don Beyer

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Donald Beyer Jr

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : 6719920

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Dutch Ruppensberger for Congress Committee

Mailing Address 22 W. Padonia Road

City Timonium State MD Zip Code 21093

Purpose of Disbursement

011

Category/
Type

Candidate Name

C.A. Dutch Ruppensberger

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : 6719932

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Michelle

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michelle Lujan Grisham

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : 6719934

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

5	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Richard Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	5

Transaction ID : 6719935

Amount of Each Disbursement this Period

4	7	5	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Adam Smith for Congress Committee

Mailing Address P.O. Box 23626

City Federal Way State WA Zip Code 98093

Purpose of Disbursement

011

Candidate Name

D Adam Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	1	5

Transaction ID : 6723960

Amount of Each Disbursement this Period

4	7	5	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. McSally for Congress

Mailing Address P.O.Box 19128

City Tucson State AZ Zip Code 85731

Purpose of Disbursement
DEBT

011

Candidate Name

Rep. Martha McSally

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	1	5

Transaction ID : 6723961

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

DEBT

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	4	5	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	4	5	0	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Katko for Congress

Mailing Address 5407 Anvil Drive

City Camillus State NY Zip Code 13031

Purpose of Disbursement
DEBT

011

Candidate Name

Rep. John Katko

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	1	5

Transaction ID : 6723965

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

DEBT

Full Name (Last, First, Middle Initial)

B. Tom MacArthur for Congress Inc.

Mailing Address P.O. Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
DEBT

011

Candidate Name

Rep. Tom MacArthur

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	1	5

Transaction ID : 6723968

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

DEBT

Full Name (Last, First, Middle Initial)

C. Trott for Congress, Inc.

Mailing Address 2085 E. West Maple Road
A-101

City Commerce State MI Zip Code 48390

Purpose of Disbursement
DEBT

011

Candidate Name

David Trott

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	1	5

Transaction ID : 6723969

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

DEBT

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1	5	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Andy Harris for Congress

Mailing Address P.O. Box 604

City State Zip Code
Bel Air MD 21404

Purpose of Disbursement

011

Category/
Type

Candidate Name

Andrew Harris

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2015

Transaction ID : 6768344

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Benishek for Congress, Inc.

Mailing Address P.O. Box 108

City State Zip Code
Gladstone MI 49802

Purpose of Disbursement

011

Category/
Type

Candidate Name

Daniel Benishek

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2015

Transaction ID : 6768345

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bera for Congress

Mailing Address P.O.Box 582496

City State Zip Code
Elk Grove CA 95758

Purpose of Disbursement

011

Category/
Type

Candidate Name

Amerish Bera

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2015

Transaction ID : 6768346

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Brady for Congress

Mailing Address P.O. Box 8277

City State Zip Code
The Woodlands TX 77387

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kevin Brady

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		0	3		2	0	1	5		

Transaction ID : 6768347

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Bucshon for Congress

Mailing Address P.O. Box 250

City State Zip Code
Newburgh IN 47629

Purpose of Disbursement

011

Category/
Type

Candidate Name

Larry Bucshon

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		0	3		2	0	1	5		

Transaction ID : 6768348

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Citizens for Prosperity in America Today CPAT

Mailing Address 228 S. Washington St.
Suite 115

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Toomey's LPAC

011

Category/
Type

Candidate Name

Citizens for Prosperity in America Today CPAT

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		0	3		2	0	1	5		

Transaction ID : 6768349

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Toomey's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8	5	0	0	.	0	0
---	---	---	---	---	---	---

8	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Dr. Raul Ruiz for Congress

Mailing Address P.O. Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement

011

Category/Type

Candidate Name

Raul Ruiz

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 6768352

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sasse PAC

Mailing Address 499 S. Capitol St. SW
Suit 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Sasse's LPAC

011

Category/Type

Candidate Name

Sasse PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 6768355

Amount of Each Disbursement this Period

1000.00

Sasse's LPAC

Full Name (Last, First, Middle Initial)

C. Sherman for Congress

Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

011

Category/Type

Candidate Name

Brad Sherman

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 30

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 6768356

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. New Democrat Coalition PAC (NDC PAC)

Mailing Address 233 Pennsylvania Ave SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Annual Contribution

011

Candidate Name

New Democrat Coalition PAC (NDC PAC)

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
0	2		0	3		2	0	1	5

Transaction ID : 6768358

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Annual Contribution

Full Name (Last, First, Middle Initial)

B. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Candidate Name

C Michael Thompson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	5

Transaction ID : 6768359

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers for Congress

Mailing Address P.O. Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011

Candidate Name

Cathy Rodgers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	5

Transaction ID : 6768360

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	1	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	1	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Kelly Ayotte

Mailing Address P.O. Box 937

City Manchester State NH Zip Code 03061

Purpose of Disbursement

011

Category/
Type

Candidate Name
Kelly Ayotte

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

Transaction ID : 6768361

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Roy Blunt

Mailing Address P.O. Box 410444

City Kansas City State MO Zip Code 65805

Purpose of Disbursement

011

Category/
Type

Candidate Name
Roy Blunt

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

Transaction ID : 6768362

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of John Thune

Mailing Address P.O. Box 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Category/
Type

Candidate Name
John Thune

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

Transaction ID : 6768363

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Duncan D. Hunter for Congress

Mailing Address P.O. Box 1545

City El Cajon State CA Zip Code 91941

Purpose of Disbursement

011

Category/
Type

Candidate Name

Duncan Hunter

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	5

Transaction ID : 6768364

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Walden for Congress

Mailing Address P.O. Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gregory Walden

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	5

Transaction ID : 6768365

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. VIEW PAC

Mailing Address 3106 Russell Road

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Annual Contribution

011

Category/
Type

Candidate Name

VIEW PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	5

Transaction ID : 6768366

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Annual Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8	5	0	0	.	0	0
---	---	---	---	---	---	---

8	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Thornberry for Congress Committee

Mailing Address P.O. Box 9392

City Amarillo State TX Zip Code 79105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mac Thornberry

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2015

Transaction ID : 6768372

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Shore PAC

Mailing Address P.O. Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Pallone's LPAC

011

Category/
Type

Candidate Name

Shore 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
02		03		2015

Transaction ID : 6768373

Amount of Each Disbursement this Period

5000.00

Pallone's LPAC

Full Name (Last, First, Middle Initial)

C. Scalise for Congress

Mailing Address P.O. Box 23219
Suite 301

City Jefferson State LA Zip Code 70183

Purpose of Disbursement

011

Category/
Type

Candidate Name

Steve Scalise

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2015

Transaction ID : 6768374

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Richmond for Congress

Mailing Address 1631 Elysian Fields
Suite 150

City New Orleans State LA Zip Code 70117

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cedric Richmond

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2015

Transaction ID : 6768375

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. People for Patty Murray

Mailing Address P.O. Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement

011

Category/
Type

Candidate Name

Patty Murray

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2015

Transaction ID : 6768376

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 Drexel Hill State PA Zip Code 19026

Purpose of Disbursement

011

Category/
Type

Candidate Name

Patrick Meehan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2015

Transaction ID : 6768377

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Congress

Mailing Address P.O. Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Frank Pallone

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

Transaction ID : 6768378

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Mailing Address P.O. Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Michael C. Burgess

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

Transaction ID : 6768379

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. McKinley for Congress

Mailing Address P.O. Box 642

City State Zip Code
Morgantown WV 26507

Purpose of Disbursement

011

Category/
Type

Candidate Name

David McKinley

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

Transaction ID : 6768380

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Kristi for Congress

Mailing Address P.O. Box 852

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement

011

Category/
Type

Candidate Name
Kristi Noem

Office Sought: House
 Senate
 President
State: SD District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 6768381

Amount of Each Disbursement this Period

2000.00

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: House
 Senate
 President
State: KS District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 6768382

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jason Smith for Congress

Mailing Address P.O. Box 1324

City State Zip Code
Cape Girardeau MO 63702

Purpose of Disbursement

011

Category/
Type

Candidate Name
Jason Smith

Office Sought: House
 Senate
 President
State: MO District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 6768383

Amount of Each Disbursement this Period

2000.00

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 Page

FOR LINE NUMBER:
(check only one)

<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. Holding Onto Oregon's Priorities PAC

Mailing Address P.O. Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement
Wyden's LPAC

011

Candidate Name

Holding Onto Oregon's Priorities 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 Y
02	/	03	/	2015

Transaction ID : 6768384

Amount of Each Disbursement this Period

2500.00

Wyden's LPAC

Full Name (Last, First, Middle Initial)

B. Heller for Senate

Mailing Address P.O. Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement

011

Candidate Name

Dean Heller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2015

Transaction ID : 6768385

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. George Holding for Congress Inc.

Mailing Address P.O. Box 97187

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Candidate Name

Rep. George Holding

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2015

Transaction ID : 6768386

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement

011

Category/
Type

Candidate Name

Charles Schumer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 6768387

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Vern Buchanan for Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

011

Category/
Type

Candidate Name

Vernon Buchanan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 6768389

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Vern Buchanan for Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

011

Category/
Type

Candidate Name

Vernon Buchanan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 6768391

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

12500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Boehner for Speaker

Mailing Address 320 First St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Boehner's JFC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : 6768392

Amount of Each Disbursement this Period

15000.00

Boehner's JFC

Full Name (Last, First, Middle Initial)

B. Tim Murphy for Congress

Mailing Address P.O. Box 24551
Suite 420

City Pittsburgh State PA Zip Code 20003

Purpose of Disbursement

Candidate Name

Tim Murphy

Office Sought: House Senate President
State: PA District: 18

Disbursement For: 2016 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : 6790376

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Price for Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 22305

Purpose of Disbursement

Candidate Name

Thomas Price

Office Sought: House Senate President
State: GA District: 06

Disbursement For: 2016 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2015

Transaction ID : 6790380

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

21000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 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. Ryan for Congress, Inc.

Mailing Address P.O. Box 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement

011

Category/
Type

Candidate Name

Paul Ryan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2015

Transaction ID : 6790382

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Common Values PAC

Mailing Address 406 Virginia Ave

City State Zip Code
Alexandria VA 22302

Purpose of Disbursement
Barrasso's LPAC

011

Category/
Type

Candidate Name

Common Values 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
02		13		2015

Transaction ID : 6790383

Amount of Each Disbursement this Period

5000.00

Barrasso's LPAC

Full Name (Last, First, Middle Initial)

C. Healthcare Freedom Fund

Mailing Address P.O. Box 2485

City State Zip Code
Springfield VA 22152

Purpose of Disbursement
Roe's LPAC

011

Category/
Type

Candidate Name

Healthcare Freedom Fund

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2015

Transaction ID : 6790386

Amount of Each Disbursement this Period

5000.00

Roe's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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. Kristi for Congress

Mailing Address P.O. Box 852

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kristi Noem

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : 6790389

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

Category/
Type

Candidate Name

Rep. Luke Messer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : 6790390

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tom Reed for Congress

Mailing Address P.O. Box 10847

City State Zip Code
Rochester NY 14610

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thomas Reed

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : 6790397

Amount of Each Disbursement this Period

5000.00

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 DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Olson for Congress Committee

Mailing Address P.O. Box 16381

City State Zip Code
Sugar Land TX 77496

Purpose of Disbursement

011

Category/
Type

Candidate Name

Peter Olson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2015

Transaction ID : 6790398

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Roskam for Congress Committee

Mailing Address P. O. Box 713

City State Zip Code
Wheaton IL 60189

Purpose of Disbursement

011

Category/
Type

Candidate Name

Peter Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2015

Transaction ID : 6790402

Amount of Each Disbursement this Period

1500.00

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

Category/
Type

Candidate Name

Lois Capps

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2015

Transaction ID : 6790403

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 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. Swalwell for Congress

Mailing Address P.O. Box 2847

City State Zip Code
Dublin CA 94568

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Eric Swalwell

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : 6790404

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JET PAC

Mailing Address P.O. Box 2385

City State Zip Code
Ottawa IL 61350

Purpose of Disbursement
Kinzinger's LPAC

011

Category/
Type

Candidate Name

JET 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
02	/	20	/	2015

Transaction ID : 6804265

Amount of Each Disbursement this Period

1000.00

Kinzinger's LPAC

Full Name (Last, First, Middle Initial)

C. Pete Sessions for Congress

Mailing Address P.O. Box 823047

City State Zip Code
Dallas TX 75382

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pete Sessions

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

Transaction ID : 6804269

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Lisa Murkowski for U.S. Senate

Mailing Address P.O. Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement

011

Candidate Name

Sen. Lisa Murkowski

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: AK District:

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 6804270

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Kelly Ayotte

Mailing Address P.O. Box 937

City Manchester State NH Zip Code 03061

Purpose of Disbursement

011

Candidate Name

Kelly Ayotte

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 6804286

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Upton for All of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

011

Candidate Name

Frederick Upton

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2015

Transaction ID : 6804290

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Susan Brooks

Mailing Address 9425 N Meridian Street
237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Susan Brooks

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	5

Transaction ID : 6804301

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Schock for Congress

Mailing Address P.O. Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement

011

Category/
Type

Candidate Name

Aaron Schock

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	5

Transaction ID : 6804302

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Pat Meehan for Congress

Mailing Address P.O. Box 308

City Drexel Hill State PA Zip Code 19026

Purpose of Disbursement

011

Category/
Type

Candidate Name

Patrick Meehan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	1	5

Transaction ID : 6804303

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

4	0	0	0	0	0	0	0	0	0

TOTAL This Period (last page this line number only)..... ▶

4	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Duckworth for Congress

Mailing Address P.O. Box 59568

City State Zip Code
Schaumburg IL 60159

Purpose of Disbursement

011

Candidate Name

Tammy Duckworth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2015

Transaction ID : 6804304

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Victory Now PAC

Mailing Address 10605 Concord Street
Suite 202

City State Zip Code
Kensington MD 20895

Purpose of Disbursement
Van Hollen's LPAC

011

Candidate Name

Victory Now 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
02		20		2015

Transaction ID : 6804305

Amount of Each Disbursement this Period

1,500.00

Van Hollen's LPAC

Full Name (Last, First, Middle Initial)

C. Vargas for Congress

Mailing Address 330 Encinitas Blvd., Suite 101

City State Zip Code
Encinitas CA 92024

Purpose of Disbursement

011

Candidate Name

Rep. Juan Vargas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2015

Transaction ID : 6804308

Amount of Each Disbursement this Period

2,500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

9,000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Weber for Congress

Mailing Address P.O. Box 1327

City Friendswood State TX Zip Code 77549

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Randy Weber

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TX District: 14

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2015

Transaction ID : 6839299

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Adam Smith for Congress Committee

Mailing Address P.O. Box 23626

City Federal Way State WA Zip Code 98093

Purpose of Disbursement
Re-designated funds for trans. dated 1/16/2015

011

Category/Type

Candidate Name

D Adam Smith

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WA District: 09

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2015

Transaction ID : 6855926

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Re-designated funds for trans. dated 1/16/2015

Full Name (Last, First, Middle Initial)

C. Dutch Ruppberger for Congress Committee

Mailing Address 22 W. Padonia Road

City Timonium State MD Zip Code 21093

Purpose of Disbursement

011

Category/Type

Candidate Name

C.A. Dutch Ruppberger

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MD District: 02

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2015

Transaction ID : 6859323

Amount of Each Disbursement this Period

2650.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5150.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Ruppensberger for Congress Committee		Date of Disbursement MM / DD / YYYY 03 / 09 / 2015
Mailing Address 22 W. Padonia Road		Transaction ID : 6859324
City Timonium	State MD	
Zip Code 21093	Purpose of Disbursement <input type="checkbox"/> 011	Amount of Each Disbursement this Period 2000.00
Candidate Name C.A. Dutch Ruppensberger	Office Sought: <input checked="" type="checkbox"/> House <input 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: MD District: 02		

Full Name (Last, First, Middle Initial) B. Friends of John McCain		Date of Disbursement MM / DD / YYYY 03 / 09 / 2015
Mailing Address P.O. Box 16118		Transaction ID : 6859325
City Arlington	State VA	
Zip Code 22215	Purpose of Disbursement <input type="checkbox"/> 011	Amount of Each Disbursement this Period 5000.00
Candidate Name John McCain	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: VA District:		

Full Name (Last, First, Middle Initial) C. Bill Flores for Congress		Date of Disbursement MM / DD / YYYY 03 / 09 / 2015
Mailing Address P.O. Box 6207		Transaction ID : 6859326
City Bryan	State TX	
Zip Code 77805	Purpose of Disbursement <input type="checkbox"/> 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Bill Flores	Office Sought: <input checked="" type="checkbox"/> House <input 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: TX District: 17		

SUBTOTAL of Disbursements This Page (optional).....	8000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Ron Johnson for Senate, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	09	/	2015

Mailing Address 219 E Washington Ave
Suite 101

Transaction ID : 6859327

City Oshkosh State WI Zip Code 54901

Amount of Each Disbursement this Period

5,000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Sen. Ron Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District:

Full Name (Last, First, Middle Initial)

B. George Holding for Congress Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	09	/	2015

Mailing Address P.O. Box 97187

Transaction ID : 6859328

City Raleigh State NC Zip Code 27624

Amount of Each Disbursement this Period

2,000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Rep. George Holding

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 13

Full Name (Last, First, Middle Initial)

C. Guthrie for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	09	/	2015

Mailing Address P.O. Box 9639

Transaction ID : 6859329

City Bowling Green State KY Zip Code 42102

Amount of Each Disbursement this Period

5,000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

S. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

12000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Richard Burr Committee, The

Mailing Address P.O. Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richard Burr

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		09		2015

Transaction ID : 6859331

Amount of Each Disbursement this Period

2000.00

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

011

Category/
Type

Candidate Name

Pete Sessions

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		09		2015

Transaction ID : 6859332

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Rosa Delauro

Mailing Address 12 Trumbull Street
2nd Floor

City New Haven State CT Zip Code 06511

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rosa Delauro

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		09		2015

Transaction ID : 6859333

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Mailing Address 499 S Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
3-4-15 lunch

Candidate Name

C.A. Dutch Ruppertsberger

Office Sought: House
 Senate
 President
State: MD District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2015

Transaction ID : 6865105

Amount of Each Disbursement this Period

350.00

3-4-15 lunch

Full Name (Last, First, Middle Initial)

B. Friends of Joe Heck

Mailing Address P.O. Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

Candidate Name

Joe Heck

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2015

Transaction ID : 6879668

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ryan Costello for Congress

Mailing Address P.O. Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement

Candidate Name

Ryan Costello

Office Sought: House
 Senate
 President
State: PA District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2015

Transaction ID : 6879683

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Billy Long for Congress

Mailing Address 3246 E. Ridgeview Street

City Springfield State MO Zip Code 65804

Purpose of Disbursement

011

Category/
Type

Candidate Name

Billy Long

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : 6879684

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Collins for Congress

Mailing Address P.O. Box 386

City Clarence State NY Zip Code 14031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Christopher Collins

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : 6879685

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Johnson for Congress

Mailing Address P.O. Box 14496

City Poland State OH Zip Code 22301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bill Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

Transaction ID : 6879686

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

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b through 30b, with 23 checked.

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Michael Burgess for Congress

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Candidate Name

Michael C. Burgess

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2016 [X] Primary [] General [] Other (specify)

State: TX District: 26

Date of Disbursement

Date selection box showing 03 / 18 / 2015

Transaction ID : 6879687

Amount of Each Disbursement this Period

Amount selection box showing 2500.00

Full Name (Last, First, Middle Initial)

B. Kirk for Senate

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement

011

Candidate Name

Mark Kirk

Category/Type

Office Sought: [] House [X] Senate [] President

Disbursement For: 2016 [X] Primary [] General [] Other (specify)

State: IL District:

Date of Disbursement

Date selection box showing 03 / 18 / 2015

Transaction ID : 6879688

Amount of Each Disbursement this Period

Amount selection box showing 2500.00

Full Name (Last, First, Middle Initial)

C. Austin Scott for Congress Inc

Mailing Address P.O. Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement

011

Candidate Name

James Scott

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2016 [X] Primary [] General [] Other (specify)

State: GA District: 08

Date of Disbursement

Date selection box showing 03 / 18 / 2015

Transaction ID : 6879689

Amount of Each Disbursement this Period

Amount selection box showing 2500.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Subtotal selection box showing 7500.00

Total selection box showing 7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Diane Black for Congress

Mailing Address P.O. Box 1437

City State Zip Code
Gallatin TN 37066

Purpose of Disbursement

011

Candidate Name

Diane Black

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

Transaction ID : 6879690

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Coffman for Congress Inc.

Mailing Address 9249 South Broadway Blvd.
#200-501

City State Zip Code
Highlands Ranch CO 80129

Purpose of Disbursement

011

Candidate Name

Mike Coffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

Transaction ID : 6879691

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Joe Pitts

Mailing Address P.O. Box 775

City State Zip Code
Unionville PA 19375

Purpose of Disbursement

011

Candidate Name

Joseph Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

Transaction ID : 6879702

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Richard Burr Committee, The

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2015

Mailing Address P.O. Box 5928

Transaction ID : 6879703

City Winston-Salem State NC Zip Code 27113

Amount of Each Disbursement this Period

3,000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Richard Burr

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District:

Full Name (Last, First, Middle Initial)

B. Scott Peters for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2015

Mailing Address P.O. Box 70980

Transaction ID : 6879726

City Washington State DC Zip Code 20024

Amount of Each Disbursement this Period

2,500.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Rep. Scott Peters

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 52

Full Name (Last, First, Middle Initial)

C. Tim Walz for U.S. Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2015

Mailing Address P.O. Box 938

Transaction ID : 6879727

City Mankato State MN Zip Code 56002

Amount of Each Disbursement this Period

2,500.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Timothy Walz

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MN District: 01

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Bonnie Watson Coleman for Congress

Mailing Address 180 Upland Avenue

City Ewing State NJ Zip Code 08638

Purpose of Disbursement
2014 General Debt Retirement

Candidate Name
Bonnie Coleman

Office Sought: House
 Senate
 President
State: NJ District: 12

Disbursement For: 2015
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2015

Transaction ID : 6879738

Amount of Each Disbursement this Period

2500.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

B. Mark Takai for Congress

Mailing Address P.O. Box 2267

City Pearl City State HI Zip Code 96782

Purpose of Disbursement

Candidate Name
Rep. Mark Takai

Office Sought: House
 Senate
 President
State: HI District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2015

Transaction ID : 6879739

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Matsui for Congress

Mailing Address P.O. Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement

Candidate Name
Doris Matsui

Office Sought: House
 Senate
 President
State: CA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	20	/	2015

Transaction ID : 6885111

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Dold for Congress

Mailing Address P.O. Box 6312

City State Zip Code
Libertyville IL 60093

Purpose of Disbursement

011

Category/
Type

Candidate Name
Robert Dold

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	5

Transaction ID : 6885112

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Ted Lieu for Congress

Mailing Address 6380 Wilshire Blvd #1612

City State Zip Code
Los Angeles CA 90048

Purpose of Disbursement

011

Category/
Type

Candidate Name
Ted Lieu

Office Sought: House
 Senate
 President
State: CA District: 33

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	5

Transaction ID : 6885115

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Young for Iowa, Inc.

Mailing Address P.O. Box 162

City State Zip Code
Van Meter IA 50261

Purpose of Disbursement

011

Category/
Type

Candidate Name
David Young

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	5

Transaction ID : 6909614

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5	5	0	0	0	0	0	0	0	0
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5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Oorbeek Morehouse Strategies, LLC

Mailing Address 5614 Garnetts Farm Drive

City Haymarket State VA Zip Code 20169

Purpose of Disbursement
April 30 breakfast

Category/
Type

Candidate Name

Rodney Frelinghuysen

Office Sought: House
 Senate
 President
State: NJ District: 11

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6970915

Amount of Each Disbursement this Period

April 30 breakfast

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz Consulting

Mailing Address 499 S Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement

Category/
Type

Candidate Name

William Pascrell

Office Sought: House
 Senate
 President
State: NJ District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6974944

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Visclosky for Congress

Mailing Address P.O. Box 10003

City Merrillville State IN Zip Code 46411

Purpose of Disbursement

Category/
Type

Candidate Name

Peter Visclosky

Office Sought: House
 Senate
 President
State: IN District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6977564

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Hatch Election Committee Inc

Mailing Address c/o EH Murray Group
6510 Anna Maria Court

City McLean State VA Zip Code 22101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Orrin Hatch

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : 6977566

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pascrell for Congress

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement

011

Category/
Type

Candidate Name

William Pascrell

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : 6977567

Amount of Each Disbursement this Period

4650.00

Full Name (Last, First, Middle Initial)

C. Clarke for Congress

Mailing Address 111-36 200th Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Yvette Clarke

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 09

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : 6977570

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6650.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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.

Mailing Address P.O. Box 3750
Suite 4916

City Brentwood State TN Zip Code 37027

Purpose of Disbursement

011

Candidate Name

Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	5

Transaction ID : 6977573

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of Joe Pitts

Mailing Address P.O. Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

011

Candidate Name

Joseph Pitts

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	5

Transaction ID : 6977575

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Frelinghuysen for Congress

Mailing Address 19 Cattano Avenue

City Morristown State NJ Zip Code 07960

Purpose of Disbursement

011

Candidate Name

Rodney Frelinghuysen

Category/
Type

Office Sought: House
 Senate
 President
State: NJ District: 11

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	5

Transaction ID : 6977576

Amount of Each Disbursement this Period

4	2	5	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

9	2	5	0	.	0	0
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9	2	5	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Levin for Congress

Mailing Address P.O. Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sander Levin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	1			2	0	1	5		

Transaction ID : 6977577

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Ted Lieu for Congress

Mailing Address 6380 Wilshire Blvd #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ted Lieu

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	1			2	0	1	5		

Transaction ID : 6977578

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. McConnell for Majority Leader

Mailing Address 228 S Washington St Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
McConnell JFC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	1			2	0	1	5		

Transaction ID : 6977579

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

McConnell JFC

SUBTOTAL of Disbursements This Page (optional)..... ▶

8	5	0	0	.	0	0
---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

8	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Michelle

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

011

Category/Type

Candidate Name

Rep. Michelle Lujan Grisham

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NM District: 01

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : 6977581

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Grassley Committee Inc

Mailing Address P.O. Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Category/Type

Candidate Name

Charles Grassley

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : 6977583

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Bill Flores for Congress

Mailing Address P.O. Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement

011

Category/Type

Candidate Name

Bill Flores

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2015

Transaction ID : 6977584

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Mailing Address P.O. Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joe Heck

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	5

Transaction ID : 6977587

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Georgians for Isakson

Mailing Address P.O. Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Isakson

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: GA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	5

Transaction ID : 6977588

Amount of Each Disbursement this Period

3	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Lone Star PAC

Mailing Address 217 Third St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Burgess' LPAC

011

Category/
Type

Candidate Name

Lone Star PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	5

Transaction ID : 6977590

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Burgess' LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	1	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	1	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. BRAVE PAC

Mailing Address 499 S. Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
D Scott's LPAC

Category/
Type

Candidate Name
BRAVE PAC

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6977592

Amount of Each Disbursement this Period

D Scott's LPAC

Full Name (Last, First, Middle Initial)

B. Benishek for Congress, Inc.

Mailing Address P.O. Box 108

City Gladstone State MI Zip Code 49802

Purpose of Disbursement

Category/
Type

Candidate Name
Daniel Benishek

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6977593

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Brady for Congress

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

Category/
Type

Candidate Name
Kevin Brady

Office Sought: House Senate President
State: TX District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6977595

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Michael Burgess for Congress

Mailing Address P.O. Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
stop payment, lost check, reissue

Candidate Name

Michael C. Burgess

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2015

Transaction ID : 7003632

Amount of Each Disbursement this Period

-2500.00

stop payment, lost check, reissue

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Mailing Address P.O. Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement

Candidate Name

Michael C. Burgess

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2015

Transaction ID : 7003633

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Bridge PAC

Mailing Address 499 South Capitol Street, Sw
Suite 422

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Clyburn's LPAC

Candidate Name

Bridge PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : 7017108

Amount of Each Disbursement this Period

5000.00

Clyburn's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Charlie Dent for Congress

Mailing Address P.O. Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011

Category/Type

Candidate Name

Charles Dent

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : 7017109

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bennet for Colorado

Mailing Address P.O. Box 3078

City Denver State CO Zip Code 80201

Purpose of Disbursement

011

Category/Type

Candidate Name

Sen. Michael Bennet

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : 7017110

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. TENN PAC

Mailing Address 1015 Stonebridge Park Drive

City Nashville State TN Zip Code 37069

Purpose of Disbursement
Alexander's LPAC

011

Category/Type

Candidate Name

TENN PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : 7017111

Amount of Each Disbursement this Period

2500.00

Alexander's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Georgians for Isakson

Mailing Address P.O. Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement

011

Candidate Name

John Isakson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : 7017113

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pat Meehan for Congress

Mailing Address P.O. Box 308

City Drexel Hill State PA Zip Code 19026

Purpose of Disbursement

011

Candidate Name

Patrick Meehan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : 7017114

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Susan Brooks

Mailing Address 9425 N Meridian Street
237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

011

Candidate Name

Rep. Susan Brooks

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : 7017115

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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.

Mailing Address P.O. Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011

Category/
Type

Candidate Name

Charles Boustany

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : 7017133

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. Scott Rigell for Congress

Mailing Address 915 First Colonial Road
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement

011

Category/
Type

Candidate Name

Edward Rigell

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : 7017134

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Hoyer for Congress

Mailing Address 700 13th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Steny Hoyer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: DC District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : 7017135

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Ryan Costello for Congress

Mailing Address P.O. Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ryan Costello

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : 7017136

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mark Takano for Congress

Mailing Address P.O. Box 5214

City Riverside State CA Zip Code 92517

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mark Takano

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 41

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : 7017137

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DUTCH PAC

Mailing Address 499 S. Capitol St. SW Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement Ruppensberger's LPAC

011

Category/
Type

Candidate Name

DUTCH PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : 7017138

Amount of Each Disbursement this Period

5000.00

Ruppensberger's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. People for Derek Kilmer

Mailing Address P.O. Box 1574

City State Zip Code
Gig Harbor WA 98335

Purpose of Disbursement

011

Category/
Type

Candidate Name

Derek Kilmer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : 7017139

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. 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: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : 7017140

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Johnson for Congress

Mailing Address P.O. Box 14496

City State Zip Code
Poland OH 22301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bill Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : 7017141

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Walorski for Congress Inc		Date of Disbursement MM / DD / YYYY 05 / 12 / 2015
Mailing Address P.O. Box 954		Transaction ID : 7017142
City Mishawaka	State IN	
Zip Code 46546	Purpose of Disbursement 011	Amount of Each Disbursement this Period 2500.00
Candidate Name Rep. Jackie Walorski	Office Sought: <input checked="" type="checkbox"/> House <input 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: IN District: 02		

Full Name (Last, First, Middle Initial) B. Scalise for Congress		Date of Disbursement MM / DD / YYYY 05 / 12 / 2015
Mailing Address P.O. Box 23219 Suite 301		Transaction ID : 7017143
City Jefferson	State LA	
Zip Code 70183	Purpose of Disbursement 011	Amount of Each Disbursement this Period 2500.00
Candidate Name Steve Scalise	Office Sought: <input checked="" type="checkbox"/> House <input 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: LA District: 01		

Full Name (Last, First, Middle Initial) C. People for Patty Murray		Date of Disbursement MM / DD / YYYY 05 / 12 / 2015
Mailing Address P.O. Box 3662		Transaction ID : 7017144
City Seattle	State WA	
Zip Code 98124	Purpose of Disbursement 011	Amount of Each Disbursement this Period 1000.00
Candidate Name Patty Murray	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: WA District:		

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Richard Burr Committee, The

Mailing Address P.O. Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

011

Category/
Type

Candidate Name

Richard Burr

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : 7017145

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Olson for Congress Committee

Mailing Address P.O. Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement

011

Category/
Type

Candidate Name

Peter Olson

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TX District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : 7017146

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. Andy Barr for Congress, Inc.

Mailing Address P.O. Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement

011

Category/
Type

Candidate Name

Garland Barr

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: KY District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : 7017147

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	0	0	0	0	0	0
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7	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. New Pioneers PAC

Mailing Address 228 S Washington St Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Walden's LPAC

011

Candidate Name

New Pioneers PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : 7017148

Amount of Each Disbursement this Period

2500.00

Walden's LPAC

Full Name (Last, First, Middle Initial)

B. Keystone Leadership PAC

Mailing Address 4905 Del Ray Ave Suite 401

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Fitzpatrick's LPAC

011

Candidate Name

Keystone Leadership PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : 7017149

Amount of Each Disbursement this Period

2500.00

Fitzpatrick's LPAC

Full Name (Last, First, Middle Initial)

C. Stivers for Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011

Candidate Name

Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2015

Transaction ID : 7017150

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Kind for Congress Committee

Mailing Address 205 5th Avenue South
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ronald Kind

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : 7017151

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Andy Harris for Congress

Mailing Address P.O. Box 604

City Bel Air State MD Zip Code 21404

Purpose of Disbursement

011

Category/
Type

Candidate Name

Andrew Harris

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : 7017152

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. McConnell for Majority Leader

Mailing Address 228 S Washington St Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
McConnell JFC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 7066343

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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McConnell JFC

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Kelly Ayotte

Mailing Address P.O. Box 937

City Manchester State NH Zip Code 03061

Purpose of Disbursement

011

Candidate Name

Kelly Ayotte

Category/
Type

Office Sought: House Senate President
State: NH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2015

Transaction ID : 7067095

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends of John Thune

Mailing Address P.O. Box 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Candidate Name

John Thune

Category/
Type

Office Sought: House Senate President
State: SD District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2015

Transaction ID : 7067240

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Portman for Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 45244

Purpose of Disbursement

011

Candidate Name

Rob Portman

Category/
Type

Office Sought: House Senate President
State: OH District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2015

Transaction ID : 7067241

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Moran for Kansas

Mailing Address P.O. Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement

011

Candidate Name

Jerry Moran

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: KS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 7067242

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Ron Johnson for Senate, Inc

Mailing Address 219 E Washington Ave Suite 101

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement

011

Candidate Name

Sen. Ron Johnson

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 7067243

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Pioneer PAC

Mailing Address 217 3rd Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Tiberi's LPAC

011

Candidate Name

Pioneer PAC

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
0	5		2	6		2	0	1	5

Transaction ID : 7067244

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Tiberi's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

8	0	0	0	.	0	0
---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

8	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Pat Meehan for Congress

Mailing Address P.O. Box 308

City Drexel Hill State PA Zip Code 19026

Purpose of Disbursement

011

Candidate Name

Patrick Meehan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : 7067245

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Candidate Name

Patrick Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : 7067256

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Katko for Congress

Mailing Address 5407 Anvil Drive

City Camillus State NY Zip Code 13031

Purpose of Disbursement

011

Candidate Name

Rep. John Katko

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2015

Transaction ID : 7067257

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Westmoreland for Congress

Mailing Address P.O. Box 458

City State Zip Code
Sharpsburg GA 30277

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lynn Westmoreland

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 7067259

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Garamendi for Congress

Mailing Address 1050 17th St NW Ste 590

City State Zip Code
Washington DC 20036

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John Garamendi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 7067260

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Diana Degette for Congress

Mailing Address P.O. Box 61337

City State Zip Code
Denver CO 80206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Diana DeGette

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 7067261

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8	5	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Dr. Brian Babin for Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brian Babin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	6		2	0	1	5		

Transaction ID : 7067262

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of Roy Blunt

Mailing Address P.O. Box 410444

City Kansas City State MO Zip Code 65805

Purpose of Disbursement

011

Category/
Type

Candidate Name

Roy Blunt

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	6		2	0	1	5		

Transaction ID : 7067263

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Roy Blunt

Mailing Address P.O. Box 410444

City Kansas City State MO Zip Code 65805

Purpose of Disbursement

011

Category/
Type

Candidate Name

Roy Blunt

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	6		2	0	1	5		

Transaction ID : 7067264

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3	5	0	0	.	0	0
---	---	---	---	---	---	---

1	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Upton for All of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement

011

Candidate Name

Frederick Upton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	6		2	0	1	5		

Transaction ID : 7067275

Amount of Each Disbursement this Period

1	7	5	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Upton for All of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement

011

Candidate Name

Frederick Upton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	6		2	0	1	5		

Transaction ID : 7067276

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Swalwell for Congress

Mailing Address P.O. Box 2847

City State Zip Code
Dublin CA 94568

Purpose of Disbursement

011

Candidate Name

Rep. Eric Swalwell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	6		2	0	1	5		

Transaction ID : 7067277

Amount of Each Disbursement this Period

2	0	0	0	0	0
---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

6	2	5	0	0	0
---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

6	2	5	0	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Swalwell for Congress

Mailing Address P.O. Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Eric Swalwell

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : 7067278

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Benishek for Congress, Inc.

Mailing Address P.O. Box 108

City Gladstone State MI Zip Code 49802

Purpose of Disbursement

011

Category/
Type

Candidate Name

Daniel Benishek

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090225

Amount of Each Disbursement this Period

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Benishek for Congress, Inc.

Mailing Address P.O. Box 108

City Gladstone State MI Zip Code 49802

Purpose of Disbursement

011

Category/
Type

Candidate Name

Daniel Benishek

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090227

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6	7	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Bucshon for Congress

Mailing Address P.O. Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement

011

Candidate Name

Larry Bucshon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090228

Amount of Each Disbursement this Period

3	2	5	0	0	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Bucshon for Congress

Mailing Address P.O. Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement

011

Candidate Name

Larry Bucshon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090229

Amount of Each Disbursement this Period

1	5	0	0	0	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Tim Walz for U.S. Congress

Mailing Address P.O. Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement

011

Candidate Name

Timothy Walz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090240

Amount of Each Disbursement this Period

2	1	5	0	0	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6	9	0	0	0	0	0
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6	9	0	0	0	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Tim Walz for U.S. Congress

Mailing Address P.O. Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement

Category/
Type

Candidate Name
Timothy Walz

Office Sought: House
 Senate
 President
State: MN District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 7090241
Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Richmond for Congress

Mailing Address 1631 Elysian Fields Suite 150

City New Orleans State LA Zip Code 70117

Purpose of Disbursement

Category/
Type

Candidate Name
Cedric Richmond

Office Sought: House
 Senate
 President
State: LA District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 7090252
Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Richmond for Congress

Mailing Address 1631 Elysian Fields Suite 150

City New Orleans State LA Zip Code 70117

Purpose of Disbursement

Category/
Type

Candidate Name
Cedric Richmond

Office Sought: House
 Senate
 President
State: LA District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 7090253
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Price for Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 22305

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thomas Price

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090254

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Price for Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 22305

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thomas Price

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090255

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CMR Political Action Committee

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
McMorris Rodgers' LPAC

011

Category/
Type

Candidate Name

CMR Political Action Committee

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090256

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

McMorris Rodgers' LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Adrian Smith for Congress

Mailing 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: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 7090257

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Citizens for Cochran

Mailing Address P.O. Box 7183

City State Zip Code
Tupelo MS 38802

Purpose of Disbursement
2014 General Debt Retirement

011

Category/
Type

Candidate Name

Thad Cochran

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: MS District: General Debt 2015

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 7090258

Amount of Each Disbursement this Period

2500.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

C. Majority Committee PAC--MC PAC

Mailing Address P.O. Box 10134

City State Zip Code
Bakersfield CA 93389

Purpose of Disbursement
McCarthy's LPAC

011

Category/
Type

Candidate Name

Majority Committee PAC--MC PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 7090262

Amount of Each Disbursement this Period

2500.00

McCarthy's LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Portman for Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 45244

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rob Portman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090263

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Tom Reed for Congress

Mailing Address P.O. Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thomas Reed

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090267

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. Friends of Bill Posey

Mailing Address P. O. Box 411486

City Melbourne State FL Zip Code 32936

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bill Posey

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090268

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Morgan Griffith for Congress

Mailing Address P.O. Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement

011

Category/Type

Candidate Name

H Morgan Griffith

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: VA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090269

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Simpson for Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement

011

Category/Type

Candidate Name

Michael Simpson

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: ID District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090383

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Sam Johnson

Mailing Address P.O. Box 860096

City Plano State TX Zip Code 75086

Purpose of Disbursement

011

Category/Type

Candidate Name

Sam Johnson

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TX District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090384

Amount of Each Disbursement this Period

2	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4	0	0	0	0	0
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0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Johnson for Congress

Mailing Address P.O. Box 14496

City Poland State OH Zip Code 22301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bill Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090385

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. McSally for Congress

Mailing Address P.O.Box 19128

City Tucson State AZ Zip Code 85731

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Martha McSally

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090396

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. Friends of Susan Brooks

Mailing Address 9425 N Meridian Street
237

City Indianapolis State IN Zip Code 46260

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Susan Brooks

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090397

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4	5	0	0	.	0	0
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4	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Blumenauer for Congress

Mailing Address 830 N.E. Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement

011

Candidate Name

Earl Blumenauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090398

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Scott Peters for Congress

Mailing Address P.O. Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement

011

Candidate Name

Rep. Scott Peters

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090399

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Blumenthal for Senate

Mailing Address 10 G Street
Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name

Richard Blumenthal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: DC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090401

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7	0	0	0	0	0	0	0	0	0
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7	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Aguilar for Congress

Mailing Address P.O. Box 10954

City San Bernardino State CA Zip Code 92423

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Pete Aguilar

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 31

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090536

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Joe Kennedy for Congress

Mailing Address P.O. Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Joseph Kennedy III

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090547

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. David Scott for Congress

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

011

Category/
Type

Candidate Name

David Scott

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090548

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Kind for Congress Committee

Mailing Address 205 5th Avenue South
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ronald Kind

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090549

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi for Congress

Mailing Address 700 13th Street, Nw
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Nancy Pelosi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: DC District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090551

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Pascrell for Congress

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement

011

Category/
Type

Candidate Name

William Pascrell

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090552

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Farr

Mailing Address P.O. Box 122

City Monterey State CA Zip Code 93942

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sam Farr

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 7090553

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Pete Aguilar for Congress

Mailing Address P.O. Box 10954

City San Bernardino State CA Zip Code 92423

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Pete Aguilar

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 31

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : 7127925

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Bera for Congress

Mailing Address P.O.Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement

011

Category/
Type

Candidate Name

Amerish Bera

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : 7127926

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6	0	0	0	0	0	0	0	0	0

6	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Elizabeth Esty

Mailing Address P.O. Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Elizabeth Esty

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CT District: 05

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 7127927

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. People for Derek Kilmer

Mailing Address P.O. Box 1574

City Gig Harbor State WA Zip Code 98335

Purpose of Disbursement

011

Category/
Type

Candidate Name

Derek Kilmer

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 7127938

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ruiz for Congress

Mailing Address P.O. Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement

011

Category/
Type

Candidate Name

Raul Ruiz

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 7127939

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Columbia State SC Zip Code 29211

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jim Clyburn

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : 7127941

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Kyrsten Sinema for Congress

Mailing Address P.O. Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Kyrsten Sinema

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : 7127943

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Marc Veasey Congressional Campaign Committee

Mailing Address P.O. Box 50084

City Fort Worth State TX Zip Code 76105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Marc Veasey

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : 7127944

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Mark Takai for Congress

Mailing Address P.O. Box 2267

City Pearl City State HI Zip Code 96782

Purpose of Disbursement
2014 General Debt Retirement

Candidate Name

Rep. Mark Takai

Office Sought: House
 Senate
 President
State: HI District: 01

Disbursement For: 2015
 Primary General
 Other (specify) ▼
General Debt 2015

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 7127945

Amount of Each Disbursement this Period

1000.00

2014 General Debt Retirement

Full Name (Last, First, Middle Initial)

B. Perlmutter for Congress

Mailing Address 3440 Youngfield Street

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement

Candidate Name

Edwin Perlmutter

Office Sought: House
 Senate
 President
State: CO District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 7127956

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Roskam for Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60189

Purpose of Disbursement

Candidate Name

Peter Roskam

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 7127958

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Young for Iowa, Inc.

Mailing Address P.O. Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement

011

Category/
Type

Candidate Name

David Young

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	8		2	0	1	5		

Transaction ID : 7127959

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Cole for Congress

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tom Cole

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	8		2	0	1	5		

Transaction ID : 7127971

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Collins for Congress

Mailing Address P.O. Box 386

City Clarence State NY Zip Code 14031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Christopher Collins

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	8		2	0	1	5		

Transaction ID : 7127983

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
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2	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Mailing Address P.O. Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joe Heck

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : 7127984

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of John Thune

Mailing Address P.O. Box 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Thune

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : 7127985

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Gregg Harper for Congress

Mailing Address P.O. Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gregg Harper

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : 7127986

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4	5	0	0	0	0
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4	5	0	0	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Kinzinger for Congress

Mailing Address P.O. Box 2365

City State Zip Code
Ottawa IL 61350

Purpose of Disbursement

011

Category/
Type

Candidate Name

Adam Kinzinger

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : 7127987

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Jenkins for Congress

Mailing Address P.O. Box 727

City State Zip Code
Huntington WV 25711

Purpose of Disbursement
Void - Jenkins for Congress

011

Category/
Type

Candidate Name

Evan Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	5

Transaction ID : 7133385

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Void - Jenkins for Congress

Full Name (Last, First, Middle Initial)

C. Andy Barr for Congress, Inc.

Mailing Address P.O. Box 2059

City State Zip Code
Lexington KY 40588

Purpose of Disbursement
Void - Andy Barr for Congress, Inc.

011

Category/
Type

Candidate Name

Garland Barr

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	5

Transaction ID : 7133454

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Void - Andy Barr for Congress, Inc.

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2	5	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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: Huntington State: WV Zip Code: 25711

Purpose of Disbursement

011

Category/Type

Candidate Name

Evan Jenkins

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WV District: 03

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : 7134915

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Andy Barr for Congress, Inc.

Mailing Address P.O. Box 2059

City: Lexington State: KY Zip Code: 40588

Purpose of Disbursement

011

Category/Type

Candidate Name

Garland Barr

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2015

Transaction ID : 7134918

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Poliquin for Congress

Mailing Address P.O. Box 50

City: Oakland State: ME Zip Code: 04963

Purpose of Disbursement

011

Category/Type

Candidate Name

Bruce Poliquin

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: ME District: 02

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 7142515

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

Mailing Address P.O.Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Larson

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2015

Transaction ID : 7142816

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Rush

Mailing Address P. O. Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bobby Rush

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2015

Transaction ID : 7142817

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lead Your Nation Now PAC (LYNN PAC)

Mailing Address P.O. Box 1872

City Topeka State KS Zip Code 66601

Purpose of Disbursement
L Jenkins' LPAC

011

Category/
Type

Candidate Name

Lead Your Nation Now PAC (LYNN 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
06		24		2015

Transaction ID : 7142818

Amount of Each Disbursement this Period

1500.00

L Jenkins' LPAC

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Fleming for Congress

Mailing Address P.O. Box 1236

City Minden State LA Zip Code 71058

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Fleming

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 7142819

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jenkins for Congress

Mailing Address P.O. Box 727

City Huntington State WV Zip Code 25711

Purpose of Disbursement

011

Category/
Type

Candidate Name

Evan Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2015

Transaction ID : 7142820

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

TOTAL This Period (last page this line number only)..... ▶

701200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Scott W McCall MD

Mailing Address 405 Tramore Ct

City Franklin State TN Zip Code 37067

Purpose of Disbursement
Refund erroneous contribution from individual

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 6985644

Amount of Each Disbursement this Period

Refund erroneous contribution from individual

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

Mailing Address 499 S Capitol St. SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Rep Neal breakfast 1-14-15

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : 6787999

Amount of Each Disbursement this Period

Rep Neal breakfast 1-14-15

Full Name (Last, First, Middle Initial)

B. Conyers 13th District Legal Expense Trust

Mailing Address c/o Ms. Amy Gilbert, Trustee
2201 Wisconsin Ave NW, Ste 320

City Washington State DC Zip Code 20007

Purpose of Disbursement
Legal Expense Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : 7141255

Amount of Each Disbursement this Period

Legal Expense Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶