

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2014 through 09 / 30 / 2014

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

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

Signature of Treasurer William J. Robb III, MD [Electronically Filed] Date 10 / 07 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="977438.67"/>	<input type="text" value="977438.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1141307.38"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="294186.69"/>	<input type="text" value="1174472.02"/>
(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="1435494.07"/>	<input type="text" value="2151910.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="533128.23"/>	<input type="text" value="1249544.85"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="902365.84"/>	<input type="text" value="902365.84"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	255131.00	1013710.00
(ii) Unitemized	26594.33	112540.33
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	281725.33	1126250.33
(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)	281725.33	1126250.33
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).....	3185.87	15896.72
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	9250.00	32250.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	25.49	74.97
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))..... ▶	294186.69	1174472.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	294186.69	1174472.02

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3483.41	16100.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3483.41	16100.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	339950.00	1020750.00
24. Independent Expenditures (use Schedule E)	184344.82	207344.82
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	0.00	0.00
(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)).....	0.00	0.00
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)) ..	533128.23	1249544.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	533128.23	1249544.85

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)	281725.33	1126250.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	281725.33	1126250.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3483.41	16100.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3185.87	15896.72
38. Net Operating Expenditures (subtract Line 37 from Line 36)	297.54	203.31

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

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

FOR LINE NUMBER: PAGE 6 OF 237
(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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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. Mark Mikhael MD

Mailing Address 4731 Nomad Dr

City State Zip Code
Woodland Hls CA 91364-4717

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
07 / 02 / 2014
Transaction ID : 6223295

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Scott Edward Porter MD

Mailing Address Dept of Ortho, Acad Serv
701 Grove Rd 2nd Fl Suprt Twr

City State Zip Code
Greenville SC 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 ▼
836.00

Date of Receipt
07 / 03 / 2014
Transaction ID : 6228143

Amount of Each Receipt this Period
84.00

Full Name (Last, First, Middle Initial)
C. David J Mansfield MD

Mailing Address 5550 Cory Dr

City State Zip Code
El Paso TX 79932-3010

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

Name of Employer Occupation
El Paso Orthopaedic Surg Group Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
07 / 05 / 2014
Transaction ID : 6232710

Amount of Each Receipt this Period
85.00

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 7 OF 237
	<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. 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 U.S. Army Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 06 / 2014**
Transaction ID : 6233197
 Amount of Each Receipt this Period **300.00**

B. 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 **07 / 01 / 2014**
Transaction ID : 6233808
 Amount of Each Receipt this Period **1000.00**

C. 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 **07 / 01 / 2014**
Transaction ID : 6233809
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	1280.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 237
	<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. Kenneth N Adatto MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014
Mailing Address 1208 Philip St		Transaction ID : 6233810
City New Orleans	State LA	Zip Code 70130
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 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) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Rocco Barbieri Jr, MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014
Mailing Address 47 Bocage Rd		Transaction ID : 6233866
City Hattiesburg	State MS	Zip Code 39402-7804
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Southern Bone & Joint Specialists	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 S Barr Jr, MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014
Mailing Address 205 Edgewater Dr		Transaction ID : 6233868
City Needham	State MA	Zip Code 02492
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Orthopaedic Assoc Inc	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).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 Grutter MD		Date of Receipt
Mailing Address 1374 Rozella Way		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Gallatin	TN	37066-7571
FEC ID number of contributing federal political committee.		Transaction ID : 6233869
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
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="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bruce Ross Wheeler MD		Date of Receipt
Mailing Address 1301 Nisqually St		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Steilacoom	WA	98388
FEC ID number of contributing federal political committee.		Transaction ID : 6233870
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Group Health Permanente	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. David D Gallagher MD		Date of Receipt
Mailing Address 6105 Horizon Dr		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Columbus	IN	47201
FEC ID number of contributing federal political committee.		Transaction ID : 6233872
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1550.00"/>
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 10 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 Farr II, MD			Date of Receipt
Mailing Address 5287 N 400 W			<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6234088
Bargersville	IN	46106	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		
Ortholndy	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. Jeffrey S Bui MD, MS			Date of Receipt
Mailing Address 311 Oakwood Place			<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6234089
Menlo Park	CA	94025	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. Richard A Rosa MD			Date of Receipt
Mailing Address 16 Fairfield Dr			<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6234090
Short Hills	NJ	07078	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		
Advanced Orthopaedic & Joint Replaceme	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="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 11 OF 237
	<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 J Hozack MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 925 Chestnut St 5th Fl
 City Philadelphia State PA Zip Code 19107-4216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rothman Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **07 / 07 / 2014**
Transaction ID : 6234605
 Amount of Each Receipt this Period **1000.00**

B. Rajiv Rajani MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Ogden Ln
 City San Antonio State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UTHSCSA Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 08 / 2014**
Transaction ID : 6236255
 Amount of Each Receipt this Period **100.00**

C. Richard Leverage Nutt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Hunters Run
 City Demorest State GA Zip Code 30535
 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 **450.00**

Date of Receipt **07 / 01 / 2014**
Transaction ID : 6241132
 Amount of Each Receipt this Period **200.00**

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 12 OF 237
	<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 Edmund Topping MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1502 Harrison Ave Ste 101
 City Elkins State WV Zip Code 26241-3497
 Name of Employer Tygarts Valley Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 01 / 2014
Transaction ID : 6241133
 Amount of Each Receipt this Period 500.00

B. Thomas David Greider MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5210 Brae Burn
 City Bellaire State TX Zip Code 77401
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 01 / 2014
Transaction ID : 6241134
 Amount of Each Receipt this Period 300.00

c. William Harper Satterfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2816 Fieldwood Ct
 City Winston-Salem State NC Zip Code 27106
 Name of Employer OrthoCarolina Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2014
Transaction ID : 6241135
 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 13 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : 6241138
 Amount of Each Receipt this Period
 250.00

B. Jeffrey I Korchek MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25012 Eldorado Meadow Rd
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : 6241141
 Amount of Each Receipt this Period
 150.00

C. John Charles Kofoed MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2619 Seminole Ct
 City Fairfield State CA Zip Code 94534-7871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sutter Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 496.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2014
Transaction ID : 6241143
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional).....▶	484.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 Dimar II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 East Gray Street
 Suite 900
 City Louisville State KY Zip Code 40202-3905
 FEC ID number 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
 07 / 01 / 2014
Transaction ID : 6241146
 Amount of Each Receipt this Period
 1000.00

B. Cassim M Igram MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1755 NW 130th Street
 City Clive State IA Zip Code 50325
 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
 07 / 08 / 2014
Transaction ID : 6254285
 Amount of Each Receipt this Period
 500.00

c. Paul Strawn Sherbondy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 Beaumont Drive
 City State College State PA Zip Code 16801-8311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Hershey
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2014
Transaction ID : 6254286
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional).....▶	1584.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 237
(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. 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 **07 / 09 / 2014**
Transaction ID : 6255161
 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 **07 / 09 / 2014**
Transaction ID : 6255388
 Amount of Each Receipt this Period **500.00**

c. Steven Douglas K Ross MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 Wildhorse
 City Orange State CA Zip Code 92869
 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 **800.00**

Date of Receipt **07 / 10 / 2014**
Transaction ID : 6255989
 Amount of Each Receipt this Period **100.00**

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 16 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : 6262677

Amount of Each Receipt this Period
 84.00

B. Ronald W B Wyatt MD
Full Name (Last, First, Middle Initial)

Mailing Address 533 Carleton Way

City Alamo State CA Zip Code 94507-2863

FEC ID number 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
 07 / 14 / 2014
Transaction ID : 6262678

Amount of Each Receipt this Period
 100.00

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 ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2014
Transaction ID : 6262679

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 17 OF 237
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David S Weisman MD		Date of Receipt MM / DD / YYYY 07 / 10 / 2014 Transaction ID : 6270248
Mailing Address 585 Cranbury Rd		Amount of Each Receipt this Period 1000.00
City East Brunswick	State NJ	Zip Code 08816-4026
FEC ID number of contributing federal political committee. C	Name of Employer Pediatric Orthopedic Associates	Occupation Orthopaedic Surgeon
Receipt For: <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. Peter B Hanson MD		Date of Receipt MM / DD / YYYY 07 / 11 / 2014 Transaction ID : 6273249
Mailing Address 11533 Shadow Ranch Rd		Amount of Each Receipt this Period 250.00
City La Mesa	State CA	Zip Code 91941
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. Jerry W Van Meter MD		Date of Receipt MM / DD / YYYY 07 / 11 / 2014 Transaction ID : 6273253
Mailing Address 1010 Pensacola St		Amount of Each Receipt this Period 500.00
City Honolulu	State HI	Zip Code 96814
FEC ID number of contributing federal political committee. C	Name of Employer HPKG	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 18 OF 237		
	<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

Full Name (Last, First, Middle Initial) A. Ronald G Christopher MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014 Transaction ID : 6273254		
Mailing Address 1815 Pointe Dr			Amount of Each Receipt this Period 500.00		
City Talbot	State TN	Zip Code 37877-8959			
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. Anca Popa MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014 Transaction ID : 6273255		
Mailing Address 115 River Rd Ste 825			Amount of Each Receipt this Period 150.00		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) C. Jorge E Tijmes MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014 Transaction ID : 6273258		
Mailing Address P.O. Box 6209			Amount of Each Receipt this Period 750.00		
City Mc Allen	State TX	Zip Code 78502-6209			
FEC ID number of contributing federal political committee. C					
Name of Employer Southern Bone & Joint Center		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

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 19 OF 237		
	<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

Full Name (Last, First, Middle Initial) A. Constantine Charoglu MD			Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2014 Transaction ID : 6273260		
Mailing Address 12 Waterford Drive			Amount of Each Receipt this Period 500.00		
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: <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 Spence Reid MD			Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2014 Transaction ID : 6273263		
Mailing Address 433 Drayer Drive			Amount of Each Receipt this Period 1000.00		
City Hummelstown	State PA	Zip Code 17036			
FEC ID number of contributing federal political committee. C					
Name of Employer Hershey Medical Center		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. William J Maloney MD			Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2014 Transaction ID : 6273264		
Mailing Address 450 Broadway Mail Code 6342			Amount of Each Receipt this Period 1000.00		
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: <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).....	2500.00

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 20 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 Roberts MD
Full Name (Last, First, Middle Initial)

Mailing Address 31012 Wilderness Trail

City Westlake State OH Zip Code 44145

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 M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : 6273266

Amount of Each Receipt this Period
 1000.00

B. Kevin P Black MD
Full Name (Last, First, Middle Initial)

Mailing Address 628 Grey Drive

City Hummelstown State PA Zip Code 17036

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 ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : 6273523

Amount of Each Receipt this Period
 1000.00

C. John M Aversa 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : 6273525

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 21 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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. Mark S Topolski MD			Date of Receipt
Mailing Address 837 Olympic Drive			<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6273526
Onalaska	WI	54650	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 Gundersen Health System		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Jeffery P Beckenbaugh DO			Date of Receipt
Mailing Address 1302 Lecy Lane NE			<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6275153
Stewartville	MN	55976-2500	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 Olmsted Medical Center		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Eric Martin Boyden MD			Date of Receipt
Mailing Address 1101 Dartmouth Dr			<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6280856
Reno	NV	89509	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 Reno Orthopedic Clinic		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
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 22 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 P Fogarty MD
Full Name (Last, First, Middle Initial)

Mailing Address 5630 Willow Walk

City Houston State TX Zip Code 77069

FEC ID number 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
07 / 20 / 2014
Transaction ID : 6281548

Amount of Each Receipt this Period
1000.00

B. Joseph E Broyles MD
Full Name (Last, First, Middle Initial)

Mailing Address 1371 Elmcrest Dr

City Baton Rouge State LA Zip Code 70808

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

Name of Employer Bone & Joint Ctr of Baton Rouge
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
07 / 20 / 2014
Transaction ID : 6281550

Amount of Each Receipt this Period
1000.00

C. Michael E Joyce MD
Full Name (Last, First, Middle Initial)

Mailing Address 125 Partridge Landing

City Glastonbury State CT Zip Code 06033

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

Name of Employer Orthopaedic Sports Specialists
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
07 / 21 / 2014
Transaction ID : 6286074

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 23 OF 237
	<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. Dennis H Gordon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 17290
 City Salt Lake City State UT Zip Code 84117-0290
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JASIS Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2014
Transaction ID : 6286075
 Amount of Each Receipt this Period
 500.00

B. George Walter Balfour MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11538 Rubio Ave
 City Granada Hills State CA Zip Code 91344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Valley Orthopaedic Surgery 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
 07 / 21 / 2014
Transaction ID : 6286089
 Amount of Each Receipt this Period
 1000.00

C. Kit M Song MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3160 Geneva St
 City Los Angeles State CA Zip Code 90020-1199
 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
 07 / 21 / 2014
Transaction ID : 6286091
 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 24 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 E Ayers MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014 Transaction ID : 6286132
Mailing Address 10 Crescent Ave		Amount of Each Receipt this Period 500.00
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: <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 P Harasimowicz III, MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014 Transaction ID : 6286133
Mailing Address 190 Groton Rd Ste 160		Amount of Each Receipt this Period 250.00
City Ayer	State MA	Zip Code 01432-1124
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. Pamela E Glennon MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014 Transaction ID : 6286134
Mailing Address 4050 Ashland Ave		Amount of Each Receipt this Period 250.00
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: <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).....▶	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 25 OF 237
	(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. James A Shaffer MD			Date of Receipt
Mailing Address 69 Grandview Blvd			<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6286140
Wyomissing	PA	19609	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		
AJRC	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. Kevin W Lanighan MD			Date of Receipt
Mailing Address 5527 Pine Loch Ln			<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6286141
Williamsville	NY	14221	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		
Northtowns Orthopaedics	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. Andrea M Saterbak MD			Date of Receipt
Mailing Address 122 Lakeside Dr			<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6293530
Stillwater	MN	55082	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		
St. Croix Ortho	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="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 26 OF 237
	<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. Craig S Roberts MD, MBA			Date of Receipt MM / DD / YYYY 07 / 25 / 2014 Transaction ID : 6293531
Mailing Address 5803 Apache Rd			Amount of Each Receipt this Period 500.00
City Louisville	State KY	Zip Code 40207	
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of Louisville	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. Robert H Clayburgh MD			Date of Receipt MM / DD / YYYY 07 / 25 / 2014 Transaction ID : 6293533
Mailing Address 420 Reeves Dr			Amount of Each Receipt this Period 300.00
City Grand Forks	State ND	Zip Code 58201	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) C. H David Homesley MD			Date of Receipt MM / DD / YYYY 07 / 23 / 2014 Transaction ID : 6293534
Mailing Address 302 Colville Rd			Amount of Each Receipt this Period 500.00
City Charlotte	State NC	Zip Code 28207	
FEC ID number of contributing federal political committee. C			
Name of Employer Barron & Homesley Orthopaedics	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).....▶	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 27 OF 237
	<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 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 / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 6293557
 Amount of Each Receipt this Period
1000.00

B. Daniel P Holub MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Delafield St Ste 120
 City Waukesha State WI Zip Code 53188-3402
 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 / D D / Y Y Y Y Y Y
 07 / 25 / 2014
Transaction ID : 6293558
 Amount of Each Receipt this Period
1000.00

C. Joshua D Auerbach MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Breckenridge Road
 City Chappaqua State NY Zip Code 10514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bronx-Lebanon Hospital 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
 07 / 25 / 2014
Transaction ID : 6293559
 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 28 OF 237
<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. 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 Macon Orthopaedic & Hand Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 25 / 2014**
Transaction ID : 6293560
 Amount of Each Receipt this Period **250.00**

B. Troy S Watson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Clear Crossing Trail
 City Henderson State NV Zip Code 89052
 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 **07 / 25 / 2014**
Transaction ID : 6293563
 Amount of Each Receipt this Period **250.00**

C. 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 **07 / 25 / 2014**
Transaction ID : 6293814
 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 29 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 A Mattingly MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Longwood Orthopedic Associates
 830 Boylston St Ste 106
 City Chestnut Hill State MA Zip Code 02467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Longwood Orthopedic Associates 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
 07 / 27 / 2014
Transaction ID : 6293823
 Amount of Each Receipt this Period
1000.00

B. Michael A Rauh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Middlebury Rd
 City Orchard Park State NY Zip Code 14127-3962
 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 **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 6293824
 Amount of Each Receipt this Period
50.00

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 **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 6293825
 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: PAGE 30 OF 237 (check only one)
<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Rafael M Fernandez MD	Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014 Transaction ID : 6293826
Mailing Address P.O. Box 800809	Amount of Each Receipt this Period 100.00
City State Zip Code Coto Laurel PR 00780-0809	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 400.00
Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jeffery D Angel MD	Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014 Transaction ID : 6298889
Mailing Address 501 Virginia Dr Ste C	Amount of Each Receipt this Period 84.00
City State Zip Code Batesville AR 72501-7331	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 334.00
Name of Employer Occupation Self Employed Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Deanna M Boyette MD	Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014 Transaction ID : 6300473
Mailing Address 602 Daventry Dr	Amount of Each Receipt this Period 1000.00
City State Zip Code Greenville NC 27858-6513	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 1000.00
Name of Employer Occupation OEI Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 M Bonutti MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1303 W Evergreen Ave
 City Effingham State IL Zip Code 62401-1387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bonutti Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 6300475
 Amount of Each Receipt this Period 1000.00

B. Robert E Van Demark Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 332 Aspen Circle
 City Sioux Falls State SD Zip Code 57105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanford Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 6300476
 Amount of Each Receipt this Period 500.00

C. 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 07 / 29 / 2014
Transaction ID : 6300840
 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 32 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 Miles MD		Date of Receipt MM / DD / YYYY 07 / 29 / 2014
Mailing Address P.O. Box 0 1 S Keene St		Transaction ID : 6300841
City Columbia	State MO	Zip Code 65205-5014
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 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) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Luis Alexander Miranda Torres MD		Date of Receipt MM / DD / YYYY 07 / 28 / 2014
Mailing Address PMB 327 35 Juan C. Borbon Suite 67		Transaction ID : 6300872
City Guaynabo	State PR	Zip Code 00969
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
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. William T Turner MD		Date of Receipt MM / DD / YYYY 07 / 28 / 2014
Mailing Address 3933 Ocean Beach Hwy Unit 1		Transaction ID : 6300874
City Longview	State WA	Zip Code 98632-4888
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Longview Orthopedic Associates	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).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Erik Spayde MD
Full Name (Last, First, Middle Initial)

Mailing Address 774 Lakeview Canyon

City Westlake Village State CA Zip Code 91362

FEC ID number 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 07 / 28 / 2014
Transaction ID : 6300875

Amount of Each Receipt this Period 500.00

B. Richard D Guyer MD
Full Name (Last, First, Middle Initial)

Mailing Address 6020 W Parker Rd #200

City Plano State TX Zip Code 75093-8172

FEC ID number 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 07 / 28 / 2014
Transaction ID : 6300876

Amount of Each Receipt this Period 500.00

C. Roy J Guse MD
Full Name (Last, First, Middle Initial)

Mailing Address 209 Deerfield Dr

City Lufkin State TX Zip Code 75901

FEC ID number 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 07 / 28 / 2014
Transaction ID : 6300887

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 34 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 R Heilig MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Kelburn Ct
 City Lexington State KY Zip Code 40515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2014
Transaction ID : 6300888
 Amount of Each Receipt this Period 1000.00

B. 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 Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2014
Transaction ID : 6300940
 Amount of Each Receipt this Period 500.00

C. Edward C Littlejohn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14911 National Ave Ste 3A
 City Los Gatos State CA Zip Code 95032-2632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho NorCal
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2014
Transaction ID : 6300943
 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 35 OF 237
	<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. Carlton M Clinkscales MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 E Hampden Ave
 Ste 500
 City Englewood State CO Zip Code 80113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hand Surgery Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2014
Transaction ID : 6300956
 Amount of Each Receipt this Period
250.00

B. Murali Moorthy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6201 Ruthland Road
 City Oakland State CA Zip Code 94611
 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 / D D / Y Y Y Y Y Y
 07 / 29 / 2014
Transaction ID : 6300958
 Amount of Each Receipt this Period
250.00

c. 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 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
 07 / 29 / 2014
Transaction ID : 6300959
 Amount of Each Receipt this Period
400.00

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: PAGE 36 OF 237
(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. Stephen B Sexson MD

Mailing Address 7436 Glenvista Pl

City State Zip Code
Fishers IN 46038-1190

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

Name of Employer Occupation
Community Hospitals Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2014

Transaction ID : 6300960

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Russell Cecil MD

Mailing Address 5010 St Hwy 30 Ste 205

City State Zip Code
Amsterdam NY 12010-7532

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

Name of Employer Occupation
Mohawk Valley Ortho Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2014

Transaction ID : 6300971

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
c. Leland C McCluskey MD

Mailing Address 1910 Hilton Ave

City State Zip Code
Columbus GA 31906

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

Name of Employer Occupation
St Francis 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
07 / 29 / 2014

Transaction ID : 6300973

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 37 OF 237
<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. Jerome J Perra MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1171 Southview Drive
 City State Zip Code
 Hastings MN 55033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Summit Orthopaedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : 6301041
 Amount of Each Receipt this Period
 1000.00

B. Gregg Berkowitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Russell Rd
 City State Zip Code
 Freehold NJ 07728-8582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advanced Ortho & Sports Med Inst Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : 6301042
 Amount of Each Receipt this Period
 1000.00

C. Joseph G Martin 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 Orthopedics Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2014
Transaction ID : 6301043
 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 38 OF 237
	<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 S Girdany MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014
Mailing Address 609 Clover Hill Rd		Transaction ID : 6301045
City Somerset	State PA	Zip Code 15501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Somerset Hospital	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Thomas E Baier MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014
Mailing Address 725 Stonegate		Transaction ID : 6301056
City Libertyville	State IL	Zip Code 60048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Greenleaf Orthopaedic Associates	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. Junichi Tamai MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014
Mailing Address 356 Warren Ave		Transaction ID : 6301057
City Cincinnati	State OH	Zip Code 45220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cincinnati Childrens Medical	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).....▶	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 39 OF 237
	(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. Lawrence R Walker MD			Date of Receipt		
Mailing Address P.O.Box 925 294 N Fairway			M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
City Lake Arrowhead		State CA	Zip Code 92352-0925		
FEC ID number of contributing federal political committee. C			Transaction ID : 6301103		
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 ▼ 500.00			
			Amount of Each Receipt this Period 500.00		

Full Name (Last, First, Middle Initial) B. Alfred Ainsley Durham MD			Date of Receipt		
Mailing Address 2954 Lockridge Rd			M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
City Roanoke		State VA	Zip Code 24014		
FEC ID number of contributing federal political committee. C			Transaction ID : 6301105		
Name of Employer Lewis Gale Physicians		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			
			Amount of Each Receipt this Period 250.00		

Full Name (Last, First, Middle Initial) C. Fred G Corley MD			Date of Receipt		
Mailing Address 175 E Edgewood			M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
City San Antonio		State TX	Zip Code 78209		
FEC ID number of contributing federal political committee. C			Transaction ID : 6301107		
Name of Employer Univ of Texas Health Science Ctr		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			
			Amount of Each Receipt this Period 750.00		

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 40 OF 237
<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. George E Lewinnek MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Trillium Ct
 City Lunenburg State MA Zip Code 01462
 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 **07 / 25 / 2014**
Transaction ID : 6301113
 Amount of Each Receipt this Period **250.00**

B. John Howard Wilber MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14255 County Line Rd
 City Chagrin Falls State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Metro Health System Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 25 / 2014**
Transaction ID : 6301114
 Amount of Each Receipt this Period **250.00**

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 **07 / 25 / 2014**
Transaction ID : 6301126
 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 237
<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. Steve G Salyers MD
Full Name (Last, First, Middle Initial)

Mailing Address 1060 Rossvie 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 M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014
Transaction ID : 6301153

Amount of Each Receipt this Period
 1000.00

B. 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 St Cloud 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
 07 / 29 / 2014
Transaction ID : 6301164

Amount of Each Receipt this Period
 500.00

C. 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2014
Transaction ID : 6301165

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 42 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 A Brooks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14159 Beresford Rd
 City Beverly Hills State CA Zip Code 90210
 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 ▼ 1000.00

Date of Receipt 07 / 29 / 2014
Transaction ID : 6301168
 Amount of Each Receipt this Period 1000.00

B. Jonathan R Pettit MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2260 Harlan Rd
 City Columbia State TN Zip Code 38401-7300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid Tennessee Bone & Joint Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2014
Transaction ID : 6301171
 Amount of Each Receipt this Period 500.00

C. Peter R Seipel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10524 E Laurel Ln
 City Scottsdale State AZ Zip Code 85259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Arizona Ortho & Sports Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 29 / 2014
Transaction ID : 6301172
 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 43 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Pamela L Jones MD		Date of Receipt
Mailing Address 303 Columbus Ave #903		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Boston	MA	02116
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6301174
Name of Employer	Occupation	Amount of Each Receipt this Period
Associates in Orthopaedics	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="700.00"/>	

Full Name (Last, First, Middle Initial) B. Cary T Tanamachi MD		Date of Receipt
Mailing Address 4821 St James Ct		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mesquite	TX	75150
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6301180
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	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. John Marcus Dickason MD		Date of Receipt
Mailing Address 1224 Calle Lago Dr		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
El Paso	TX	79912
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6301216
Name of Employer	Occupation	Amount of Each Receipt this Period
El Paso Orthopaedic Surg Group	Orthopaedic Surgeon	<input type="text" value="350.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
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 44 OF 237
<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. 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 07 / 28 / 2014
Transaction ID : 6301217
 Amount of Each Receipt this Period 300.00

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
 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 07 / 28 / 2014
Transaction ID : 6301218
 Amount of Each Receipt this Period 300.00

c. Robert Randolph Bell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 Murchison Dr.
 City El Paso State TX Zip Code 79902-2931
 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 07 / 28 / 2014
Transaction ID : 6301219
 Amount of Each Receipt this Period 300.00

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 45 OF 237
	<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. 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 **07 / 28 / 2014**
Transaction ID : 6301220
 Amount of Each Receipt this Period **300.00**

B. 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 **300.00**

Date of Receipt **07 / 28 / 2014**
Transaction ID : 6301221
 Amount of Each Receipt this Period **300.00**

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 **07 / 28 / 2014**
Transaction ID : 6301222
 Amount of Each Receipt this Period **300.00**

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 46 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 S Jackson DO		Date of Receipt
Mailing Address 741 Gary Ln		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
El Paso	TX	79922-2205
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6301225
Name of Employer	Occupation	Amount of Each Receipt this Period
El Paso Orthopaedic Surg Group	Orthopaedic Surgeon	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. David J Mansfield MD		Date of Receipt
Mailing Address 5550 Cory Dr		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
El Paso	TX	79932-3010
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6301226
Name of Employer	Occupation	Amount of Each Receipt this Period
El Paso Orthopaedic Surg Group	Orthopaedic Surgeon	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="725.00"/>	

Full Name (Last, First, Middle Initial) C. John Charles Kofoed MD		Date of Receipt
Mailing Address 2619 Seminole Ct		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Fairfield	CA	94534-7871
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6301229
Name of Employer	Occupation	Amount of Each Receipt this Period
Sutter Medical Group	Orthopaedic Surgeon	<input type="text" value="84.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="580.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="684.00"/>
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 47 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 Kuehner Robinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1267
 City Bishop State CA Zip Code 93515-1267
 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
 07 / 28 / 2014
Transaction ID : 6301230
 Amount of Each Receipt this Period
 1000.00

B. Thomas E Nelson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6435 Virginia Drive
 City Excelsior State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Twin Cities 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
 07 / 28 / 2014
Transaction ID : 6301231
 Amount of Each Receipt this Period
 1000.00

C. Frank Kenneth Noojin III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 Alexander Circle
 City Columbia State SC Zip Code 29206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Moore Clinic Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 6301238
 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 48 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2014
Transaction ID : 6301239
 Amount of Each Receipt this Period
 250.00

B. Louis E Murdock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5012 N Quail Summit Way
 City Boise State ID Zip Code 83703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Luke's Regional 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
 07 / 28 / 2014
Transaction ID : 6301241
 Amount of Each Receipt this Period
 250.00

C. Scott Edward Porter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho, Acad Serv
 701 Grove Rd 2nd Fl Suprt Twr
 City Greenville State SC Zip Code 29605-4210
 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 ▼ 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2014
Transaction ID : 6305972
 Amount of Each Receipt this Period
 84.00

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 49 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kyle David Stuart MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5532 Matalee
 City Dallas State TX Zip Code 75206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 03 / 2014**
Transaction ID : 6305975
 Amount of Each Receipt this Period **250.00**

B. David J Mansfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5550 Cory Dr
 City El Paso State TX Zip Code 79932-3010
 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 **810.00**

Date of Receipt **08 / 05 / 2014**
Transaction ID : 6307584
 Amount of Each Receipt this Period **85.00**

C. Neal D Lintecum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 789 N 1500 Rd
 City Lawrence State KS Zip Code 66049-9194
 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 **350.00**

Date of Receipt **08 / 05 / 2014**
Transaction ID : 6309922
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **435.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (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 237
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<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. Billy Keith Parsley MD		Date of Receipt MM / DD / YYYY 08 / 05 / 2014 Transaction ID : 6309924
Mailing Address 1219 Barnsley Place		Amount of Each Receipt this Period 500.00
City Kingsport	State TN	Zip Code 37660
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. Chad A Krueger MD		Date of Receipt MM / DD / YYYY 08 / 06 / 2014 Transaction ID : 6309927
Mailing Address 14827 Forward Pass		Amount of Each Receipt this Period 30.00
City San Antonio	State TX	Zip Code 78248-0974
FEC ID number of contributing federal political committee. C		
Name of Employer U.S. Army	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Jeffrey H Charen MD		Date of Receipt MM / DD / YYYY 08 / 01 / 2014 Transaction ID : 6317619
Mailing Address 205 May St Ste 202		Amount of Each Receipt this Period 1000.00
City Edison	State NJ	Zip Code 08837
FEC ID number of contributing federal political committee. C		
Name of Employer Ortho. Assoc. of Central Jersey	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).....▶	1530.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 237
	<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. Mitchell Forest Reiter MD			Date of Receipt
Mailing Address 120 Ravine Lake Rd			M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014
City	State	Zip Code	Transaction ID : 6317620
Bernardsville	NJ	07924-1408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			250.00
Name of Employer	Occupation		Aggregate Year-to-Date ▼
Self Employed	Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00		

Full Name (Last, First, Middle Initial) B. Gaia Georgopoulos MD			Date of Receipt
Mailing Address 7294 S Uravan Ct			M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014
City	State	Zip Code	Transaction ID : 6317622
Foxfield	CO	80016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			1000.00
Name of Employer	Occupation		Aggregate Year-to-Date ▼
UC Denver	Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00		

Full Name (Last, First, Middle Initial) C. Beth E Shubin Stein MD			Date of Receipt
Mailing Address 450 W 17th St Apt 1217			M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014
City	State	Zip Code	Transaction ID : 6317627
New York	NY	10011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			300.00
Name of Employer	Occupation		Aggregate Year-to-Date ▼
Self Employed	Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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 52 OF 237 (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. David B Hahn MD
Full Name (Last, First, Middle Initial)

Mailing Address 5625 S Bellaire Ct

City Greenwood Village State CO Zip Code 80121

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

Name of Employer HCA Physician Services Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014

Transaction ID : 6317628

Amount of Each Receipt this Period
 250.00

B. Philip L Schneider MD
Full Name (Last, First, Middle Initial)

Mailing Address 10508 Bit and Spur Ln

City Potomac State MD Zip Code 20854

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

Name of Employer Center for Advanced 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
 08 / 04 / 2014

Transaction ID : 6317630

Amount of Each Receipt this Period
 1000.00

C. William H Harris MD
Full Name (Last, First, Middle Initial)

Mailing Address 1010 Waltham Street
Apt 8 Fairfield

City Lexington State MA Zip Code 02421-8061

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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2014

Transaction ID : 6317632

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 53 OF 237
	(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. 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 M / D D D / Y Y Y Y Y Y
 08 / 04 / 2014
Transaction ID : 6317633
 Amount of Each Receipt this Period
 500.00

B. 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : 6317637
 Amount of Each Receipt this Period
 1000.00

C. William H Warden III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2760 Atlantic Ave
 City Long Beach State CA Zip Code 90806-2755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Ortho Surgical Group
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : 6317638
 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 54 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 M Loddengard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 23456 Hawthorne Blvd Ste 300
 City State Zip Code
 Torrance CA 90505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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
 08 / 01 / 2014
Transaction ID : 6317639
 Amount of Each Receipt this Period
 1000.00

B. Patrick Alton Dawson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1705 Edgecliff Terrace
 City State Zip Code
 Lake Oswego OR 97034
 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
 08 / 01 / 2014
Transaction ID : 6317640
 Amount of Each Receipt this Period
 250.00

C. William C McMaster MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3032 Capri Lane
 City State Zip Code
 Costa Mesa CA 92626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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
 08 / 01 / 2014
Transaction ID : 6317641
 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 55 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 J Stern MD		Date of Receipt
Mailing Address 5780 Drewry Farm Lane		M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014
City	State	Zip Code
Cincinnati	OH	45267
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
UC Health	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1250.00	
		Transaction ID : 6317642
		Amount of Each Receipt this Period
		1000.00

Full Name (Last, First, Middle Initial) B. Mark A Rieger MD		Date of Receipt
Mailing Address 218 Ridgedale Ave Ste 104		M M M / D D D / Y Y Y Y Y Y 08 / 04 / 2014
City	State	Zip Code
Cedar Knolls	NJ	07927-2109
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Advocare The Orthopedic Center	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	
		Transaction ID : 6317660
		Amount of Each Receipt this Period
		1000.00

Full Name (Last, First, Middle Initial) C. Steven Braxton Morgan MD		Date of Receipt
Mailing Address 1222 San Saba Ct		M M M / D D D / Y Y Y Y Y Y 08 / 04 / 2014
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:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	
		Transaction ID : 6317661
		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 56 OF 237
	<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. Shelden L Martin MD			Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2014 Transaction ID : 6317664		
Mailing Address 10720 E Cholla Ln			Amount of Each Receipt this Period 250.00		
City Scottsdale	State AZ	Zip Code 85259-3861			
FEC ID number of contributing federal political committee. C					
Name of Employer OrthoArizona		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. Marc J Michaud MD			Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2014 Transaction ID : 6317671		
Mailing Address 11 Cherry Ln			Amount of Each Receipt this Period 500.00		
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: <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. Christian P Christensen MD			Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2014 Transaction ID : 6317672		
Mailing Address 1700 Lakewood Ln			Amount of Each Receipt this Period 1000.00		
City Lexington	State KY	Zip Code 40502			
FEC ID number of contributing federal political committee. C					
Name of Employer Lexington Clinic		Occupation Orthopaedic Surgeon			
Receipt For: <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 57 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 E Teter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3609 SW Kings Forest Rd
 City Topeka State KS Zip Code 66610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tallgrass Orthopaedics and Sports Medi Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2014
Transaction ID : 6318154
 Amount of Each Receipt this Period 250.00

B. Laith A Farjo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1808 Hermitage
 City Ann Arbor State MI Zip Code 48104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 05 / 2014
Transaction ID : 6318155
 Amount of Each Receipt this Period 750.00

C. Stephen Edward Faust MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Presidents Point Drive Unit A3
 City Annapolis State MD Zip Code 21403-1465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Orthopaedic & Sports Medic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2014
Transaction ID : 6318180
 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 58 OF 237
	<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 A Papa MD			Date of Receipt 08 / 05 / 2014 Transaction ID : 6318181
Mailing Address 1440 Hibiscus Ave			Amount of Each Receipt this Period 300.00
City Winter Park	State FL	Zip Code 32789	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00
Name of Employer Jewett Orthopaedic 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) B. Jeffrey H Berg MD			Date of Receipt 08 / 05 / 2014 Transaction ID : 6318182
Mailing Address 1860 Town Center Dr Ste 300			Amount of Each Receipt this Period 250.00
City Reston	State VA	Zip Code 20190	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
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) ▼			

Full Name (Last, First, Middle Initial) C. Eugene Michael Wolf MD			Date of Receipt 08 / 05 / 2014 Transaction ID : 6318183
Mailing Address 3000 California St 3rd Fl			Amount of Each Receipt this Period 1000.00
City San Francisco	State CA	Zip Code 94115-2411	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer Sportsmed Ortho Group		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 59 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 Belleaire State TX Zip Code 77401
 FEC ID number 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 **08 / 05 / 2014**
Transaction ID : 6318184
 Amount of Each Receipt this Period **300.00**

B. Michael R Ugino MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1910 Blanding St
 City Columbia State SC Zip Code 29201-3520
 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 **250.00**

Date of Receipt **08 / 05 / 2014**
Transaction ID : 6318185
 Amount of Each Receipt this Period **250.00**

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 Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 05 / 2014**
Transaction ID : 6318186
 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 60 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 McCoy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address #31 Montagne Ct
 City Little Rock State AR Zip Code 72223
 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 **08 / 05 / 2014**
Transaction ID : 6318188
 Amount of Each Receipt this Period **500.00**

B. Joseph C DiRaimondo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 Miriam Rd
 City Manitowoc State WI Zip Code 54220-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 05 / 2014**
Transaction ID : 6318189
 Amount of Each Receipt this Period **1000.00**

C. William P Barrett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4011 Talbot Rd S Ste 300
 City Renton State WA Zip Code 98055-5791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Proliance Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 04 / 2014**
Transaction ID : 6318213
 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 61 OF 237
	<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. Jay M Minorik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4924 Silentwind Way
 City Appleton State WI Zip Code 54913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Orthopaedic Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 04 / 2014**
Transaction ID : 6318214
 Amount of Each Receipt this Period **1000.00**

B. John A Repicci MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4510 Main St
 City Buffalo State NY Zip Code 14226-3800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 04 / 2014**
Transaction ID : 6318215
 Amount of Each Receipt this Period **500.00**

C. Lawrence Joseph Kusior MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Trinity Way
 City Lagrangeville State NY Zip Code 12540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Associates of Dutchess Coun Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 04 / 2014**
Transaction ID : 6318216
 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 62 OF 237
	<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 T Adams MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1050 N James Campbell Blvd Ste 200
 City Columbia State TN Zip Code 38401-2754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mid Tennessee Bone & Joint Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 04 / 2014**
Transaction ID : 6318223
 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 **1000.00**

Date of Receipt **08 / 04 / 2014**
Transaction ID : 6318224
 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 **08 / 04 / 2014**
Transaction ID : 6318225
 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 63 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 C Suga MD
Full Name (Last, First, Middle Initial)

Mailing Address 215 E 21 St

City State Zip Code
Sioux Falls SD 57105

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

Name of Employer Occupation
Orthopaedic Institute Sioux Falls SD 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
08 / 04 / 2014

Transaction ID : 6318226

Amount of Each Receipt this Period
600.00

B. David A Fisher MD
Full Name (Last, First, Middle Initial)

Mailing Address 351 Breakwater Dr

City State Zip Code
Fishers IN 46037

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

Name of Employer Occupation
Orthopaedics Indianapolis Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 04 / 2014

Transaction ID : 6318227

Amount of Each Receipt this Period
1000.00

C. Florian Nickisch MD
Full Name (Last, First, Middle Initial)

Mailing Address 1454 Yale Ave

City State Zip Code
Salt Lake Cty UT 84105-1615

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

Name of Employer Occupation
University Orthopaedic Center Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : 6318568

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **1850.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Leathers MD		Date of Receipt
Mailing Address 2801 K St Ste 330		M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014
City	State	Zip Code
Sacramento	CA	95816-5119
FEC ID number of contributing federal political committee.		Transaction ID : 6318570
C		Amount of Each Receipt this Period
		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="checkbox"/> Other (specify) ▼	438.00	

Full Name (Last, First, Middle Initial) B. Richard E Grant MD		Date of Receipt
Mailing Address 5 Bayberry Circle		M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014
City	State	Zip Code
Ambler	PA	19002-1145
FEC ID number of contributing federal political committee.		Transaction ID : 6318572
C		Amount of Each Receipt this Period
		150.00
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) ▼	300.00	

Full Name (Last, First, Middle Initial) C. Joseph W Dryer MD		Date of Receipt
Mailing Address 77 Huron Dr		M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014
City	State	Zip Code
Chatham	NJ	07928-1205
FEC ID number of contributing federal political committee.		Transaction ID : 6318573
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
Spine Care, Inc	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	250.00	

SUBTOTAL of Receipts This Page (optional).....▶	838.00
TOTAL This Period (last page this line 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 65 OF 237
(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 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 M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : 6319355
 Amount of Each Receipt this Period
 500.00

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 Tier One Occupation Orthopaedic Surgeon
 Holy Cross Hospital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : 6319787
 Amount of Each Receipt this Period
 500.00

C. Jeffrey R Cusmaru 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 Tier One Occupation Orthopaedic Surgeon
 Ortho Sports Associates
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014
Transaction ID : 6319789
 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 66 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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 Wood MD			Date of Receipt
Mailing Address 2404 Mallard Cir			<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6319795
Longmont	CO	80504	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		
Longmont 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) ▼			

Full Name (Last, First, Middle Initial) B. Richard Neal Wulff MD			Date of Receipt
Mailing Address 305 Bayswater Ct			<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6319796
Las Vegas	NV	89145	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. Paul Strawn Sherbondy MD			Date of Receipt
Mailing Address 507 Beaumont Drive			<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6324297
State College	PA	16801-8311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="84.00"/>
Name of Employer	Occupation		
Penn State Hershey	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="672.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="834.00"/>
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 67 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Russell A Wagner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4059 Riveridge Ct
 City Fort Worth State TX Zip Code 76109-4620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of North Texas Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 08 / 09 / 2014
Transaction ID : 6324299
 Amount of Each Receipt this Period 85.00

B. William M Strassberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Sailors Bluff
 City Northport State ME Zip Code 04849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Desert Island Hospital Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 11 / 2014
Transaction ID : 6324307
 Amount of Each Receipt this Period 250.00

C. Martin Boublik MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 E Belleview Ave Ste 615E
 City Greenwood Village State CO Zip Code 80111-2898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Steadman Hawkins Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 11 / 2014
Transaction ID : 6327036
 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 68 OF 237		
	<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 T Howell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 Quarry Dr
 City Conway State AR Zip Code 72034-7593
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : 6327048
 Amount of Each Receipt this Period
 250.00

B. 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 Northwest Surgical 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
 08 / 12 / 2014
Transaction ID : 6328774
 Amount of Each Receipt this Period
 500.00

C. 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 ▼ 284.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2014
Transaction ID : 6329706
 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: PAGE 69 OF 237
(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. Todd A Schmidt MD

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 ▼
 504.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 6329735

Amount of Each Receipt this Period
 84.00

Full Name (Last, First, Middle Initial)
B. Ronald W B Wyatt MD

Mailing Address 533 Carleton Way

City State Zip Code
 Alamo CA 94507-2863

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
 08 / 14 / 2014
Transaction ID : 6329736

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. David R Chandler MD

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 ▼
 510.00

Date of Receipt
 08 / 14 / 2014
Transaction ID : 6329737

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: PAGE 70 OF 237
(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 Michael Grimes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Orthopaedic Pl
 City State Zip Code
 Saint Augustine FL 32086-4202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orthopaedic Associates of St Augustine Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2014
Transaction ID : 6332329
 Amount of Each Receipt this Period
 500.00

B. Eric Truumees MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1508 Windsor Rd
 City State Zip Code
 Austin TX 78703-4116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Seton Medical 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
 08 / 11 / 2014
Transaction ID : 6332330
 Amount of Each Receipt this Period
 1000.00

C. Frank R Joseph MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 Brandon Hall Drive
 City State Zip Code
 Atlanta GA 30350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Resurgens Orthopaedics 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
 08 / 11 / 2014
Transaction ID : 6332331
 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 71 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 J Snyder MD
Full Name (Last, First, Middle Initial)

Mailing Address 57 Leach Ave

City Park Ridge State NJ Zip Code 07656

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

Name of Employer Garden State Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 11 / 2014
Transaction ID : 6332332

Amount of Each Receipt this Period 1000.00

B. Edward F W Swan MD
Full Name (Last, First, Middle Initial)

Mailing Address 257 Harmony Lane

City Titusville State FL Zip Code 32780

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 08 / 12 / 2014
Transaction ID : 6332338

Amount of Each Receipt this Period 1000.00

C. Willard B E Wong MD
Full Name (Last, First, Middle Initial)

Mailing Address 12322 Maravilla Dr

City Salinas State CA Zip Code 93908-8960

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

Name of Employer Precision Orthopaedics Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 12 / 2014
Transaction ID : 6332339

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 237
<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. Lana Kang MD
Full Name (Last, First, Middle Initial)

Mailing Address 520 E 76th St Apt 12B

City New York State NY Zip Code 10021-3169

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

Name of Employer Self Employed Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2014
Transaction ID : 6332340

Amount of Each Receipt this Period 500.00

B. Gregory A Hoffman MD
Full Name (Last, First, Middle Initial)

Mailing Address 2925 Chichester Ln

City Fort Wayne State IN Zip Code 46815

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

Name of Employer Orthopaedics Northeast Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2014
Transaction ID : 6332341

Amount of Each Receipt this Period 500.00

C. David A Abrutyn MD
Full Name (Last, First, Middle Initial)

Mailing Address 20 Pitney Court

City Basking Ridge State NJ Zip Code 07920

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

Name of Employer Summit Medical Group Occupation Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 12 / 2014
Transaction ID : 6332348

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 73 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 L Coran MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10124 N Vintage Ct
 City Mequon State WI Zip Code 53092-6194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sports Medicine and Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 08 / 2014**
Transaction ID : 6332380
 Amount of Each Receipt this Period **500.00**

B. Jon Michael Maxwell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 227 Riverside Ave
 City Adrian State MI Zip Code 49221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 08 / 2014**
Transaction ID : 6332382
 Amount of Each Receipt this Period **250.00**

C. 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 Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 08 / 2014**
Transaction ID : 6332407
 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 74 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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. Roger A Klein MD		Date of Receipt
Mailing Address 1111 Sonoma Ave Ste 106		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City Santa Rosa	State CA	Zip Code 95405-4813
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 6332408
Name of Employer Self Employed		Amount of Each Receipt this Period
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. Robert H Harrington MD		Date of Receipt
Mailing Address 7 Marsh Brook Dr Ste 205		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City Somersworth	State NH	Zip Code 03878
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 6332409
Name of Employer Seacoast Ortho & Sports Medicine		Amount of Each Receipt this Period
Occupation Orthopaedic Surgeon		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Robert P Good MD		Date of Receipt
Mailing Address 8 Steeplechase Ln		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City Malvern	State PA	Zip Code 19355
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 6332410
Name of Employer Rothman Institute		Amount of Each Receipt this Period
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="2500.00"/>
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 75 OF 237
	<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. Todd M Lipschultz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Fairway Drive
 City Voorhees State NJ Zip Code 08043
 FEC ID number 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
 08 / 08 / 2014
Transaction ID : 6332412
 Amount of Each Receipt this Period
 1000.00

B. Edward R Sweetser MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5020 Creosote Run Rd
 City Las Cruces State NM Zip Code 88011-2541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mountainview Regional 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
 08 / 06 / 2014
Transaction ID : 6332440
 Amount of Each Receipt this Period
 250.00

C. 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2014
Transaction ID : 6332441
 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 76 OF 237
	<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 Robert Ayres MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Beach Dr NE Unit 903
 City State Zip Code
 St Petersburg FL 33701-3065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Coastal Orthopaedics & 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
 08 / 06 / 2014
Transaction ID : 6332442
 Amount of Each Receipt this Period
 500.00

B. Richard E Grant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Bayberry Circle
 City State Zip Code
 Ambler PA 19002-1145
 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 ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2014
Transaction ID : 6332443
 Amount of Each Receipt this Period
 150.00

C. Kurt F Konkell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address N 84 W 16889 Menomonee Ave
 City State Zip Code
 Menomonee Falls WI 53051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FMG Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : 6332462
 Amount of Each Receipt this Period
 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 77 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Mark Shannon Lawler MD		Date of Receipt
Mailing Address 324 Carrera Dr		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mill Valley	CA	94941
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6332463
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. Mark E Werner MD		Date of Receipt
Mailing Address 11310 Carmel Ave NE		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
Albuquerque	NM	87122-1543
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6332464
Name of Employer	Occupation	Amount of Each Receipt this Period
Albuquerque Health Partners	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. Eric R Benson MD		Date of Receipt
Mailing Address 78 Tirrell Rd		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bedford	NH	03110
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6332465
Name of Employer	Occupation	Amount of Each Receipt this Period
New Hampshire Orthopaedic Center	Orthopaedic Surgeon	<input type="text" value="1000.00"/>
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="2000.00"/>
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 78 OF 237
	<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 Ortho Montana Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 08 / 2014**
Transaction ID : 6332466
 Amount of Each Receipt this Period **1000.00**

B. Steven Douglas Sides MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5321 West B St
 City Greeley State CO Zip Code 80634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Banner Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 08 / 2014**
Transaction ID : 6332467
 Amount of Each Receipt this Period **250.00**

C. J Spence Reid MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 433 Drayer Drive
 City Hummelstown State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hershey Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 11 / 2014**
Transaction ID : 6332486
 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 79 OF 237
<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. Timothy M Risko MD		Date of Receipt MM / DD / YYYY 08 / 11 / 2014 Transaction ID : 6332487
Mailing Address 7600 Continental Pkwy		Amount of Each Receipt this Period 1000.00
City Amarillo	State TX	Zip Code 79119-6579
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. Joseph W Carlson MD		Date of Receipt MM / DD / YYYY 08 / 11 / 2014 Transaction ID : 6332488
Mailing Address 9515 Sibley Dr		Amount of Each Receipt this Period 1000.00
City Bismarck	State ND	Zip Code 58504-3073
FEC ID number of contributing federal political committee. C	Name of Employer Bone and Joint Center	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. Kenneth A Martin MD		Date of Receipt MM / DD / YYYY 08 / 12 / 2014 Transaction ID : 6332491
Mailing Address # 5 Platt Ct		Amount of Each Receipt this Period 500.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 237
<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. Donnis K Harrison MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1720A Medical Park Drive
 Suite 220
 City Biloxi State MS Zip Code 39532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bienville Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 12 / 2014
Transaction ID : 6332492
 Amount of Each Receipt this Period 1000.00

B. 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) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2014
Transaction ID : 6332494
 Amount of Each Receipt this Period 250.00

C. William W Bohn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6720 Willow Lane
 City Mission Hills State KS Zip Code 66208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olathe Health Systems Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 12 / 2014
Transaction ID : 6332497
 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 81 OF 237		
	<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. Andrew D Bries MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3126 Westminster Rd
 City Bettendorf State IA Zip Code 52722-4792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self Employed Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt: 08 / 15 / 2014
Transaction ID : 6332597
 Amount of Each Receipt this Period: **250.00**

B. Jeffery 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 **400.00**

Date of Receipt: 08 / 18 / 2014
Transaction ID : 6336752
 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: 08 / 15 / 2014
Transaction ID : 6339405
 Amount of Each Receipt this Period: **500.00**

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: PAGE 82 OF 237
(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. Robert Louis Pierron MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6005 W 124th Terrace
 City Overland Park State KS Zip Code 66209
 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 ▼ 1250.00

Date of Receipt 08 / 15 / 2014
Transaction ID : 6339406
 Amount of Each Receipt this Period 250.00

B. Nicholas Rajacich MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 North I Street
 City Tacoma State WA Zip Code 98403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Multicare Health Systems Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2014
Transaction ID : 6339408
 Amount of Each Receipt this Period 250.00

C. Geoffrey M McCullen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2828 Stratford Ave
 City Lincoln State NE Zip Code 68502-4249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lincoln Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 15 / 2014
Transaction ID : 6339409
 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 83 OF 237
	<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 M McCollam MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Peachtree Rd NE Ste 705
 City Atlanta State GA Zip Code 30309-1476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peachtree Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 15 / 2014**
Transaction ID : 6339452
 Amount of Each Receipt this Period **500.00**

B. Mark W Diehl MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1110 Hazeltine Ln
 City Kennesaw State GA Zip Code 30152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinnacle Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 15 / 2014**
Transaction ID : 6339453
 Amount of Each Receipt this Period **250.00**

C. 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 **08 / 15 / 2014**
Transaction ID : 6339456
 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 84 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 Tradonsky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7485 Mission Valley Rd
 Suite 104
 City San Diego State CA Zip Code 92108-4422
 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
 08 / 19 / 2014
Transaction ID : 6340637
 Amount of Each Receipt this Period
 500.00

B. Paul Grutter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1374 Rozella Way
 City Gallatin State TN Zip Code 37066-7571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed 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
 08 / 19 / 2014
Transaction ID : 6340638
 Amount of Each Receipt this Period
 400.00

C. Kevin E Coates MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9344 Ingleside Farm N
 City Germantown State TN Zip Code 38139-6713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memphis Orthopaedic Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2014
Transaction ID : 6340640
 Amount of Each Receipt this Period
 800.00

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 85 OF 237
	<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. Joseph A Wieck MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 394 Harding Pl Ste 200
 City Nashville State TN Zip Code 37211-8026
 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 08 / 19 / 2014
Transaction ID : 6340641
 Amount of Each Receipt this Period 1000.00

B. David W Edelstein 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 08 / 19 / 2014
Transaction ID : 6340642
 Amount of Each Receipt this Period 1000.00

C. Stephen W Shick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14577 Faucet Ln
 City Fishers State IN Zip Code 46040-9476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Indiana Ortho Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2014
Transaction ID : 6340643
 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 86 OF 237
	<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. 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
 08 / 19 / 2014
Transaction ID : 6340676
 Amount of Each Receipt this Period
100.00

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 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
 08 / 19 / 2014
Transaction ID : 6340677
 Amount of Each Receipt this Period
500.00

C. 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 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
 08 / 19 / 2014
Transaction ID : 6340678
 Amount of Each Receipt this Period
500.00

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 87 OF 237
	<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. Marc Wilson Hungerford MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Hillside Ct
 City Cockeyville State MD Zip Code 21030-1751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **535.00**

Date of Receipt **08 / 19 / 2014**
Transaction ID : 6340680
 Amount of Each Receipt this Period **535.00**

B. Lawrence D Dorr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4335 Woodleigh Lane
 City La Canada State CA Zip Code 91011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 19 / 2014**
Transaction ID : 6340682
 Amount of Each Receipt this Period **1000.00**

C. Steven L Buckley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 Locust Ave SE
 City Huntsville State AL Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TOC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 15 / 2014**
Transaction ID : 6340822
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	1635.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 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 **08 / 15 / 2014**
Transaction ID : 6340824
 Amount of Each Receipt this Period **500.00**

B. Peter B Salamon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6950 Cumberland Place
 City Stockton State CA Zip Code 95219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alpine Orthopedic Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 15 / 2014**
Transaction ID : 6340825
 Amount of Each Receipt this Period **1000.00**

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 **08 / 15 / 2014**
Transaction ID : 6340826
 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 89 OF 237
	<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. Maureen A Finnegan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Inwood Rd Ste WA4.332
 City Dallas State TX Zip Code 75390-8883
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT Southwestern Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 15 / 2014
Transaction ID : 6341126
 Amount of Each Receipt this Period 500.00

B. Richard E Grant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Bayberry Circle
 City Ambler State PA Zip Code 19002-1145
 FEC ID number 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 08 / 15 / 2014
Transaction ID : 6341129
 Amount of Each Receipt this Period 150.00

C. 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 ▼ 300.00

Date of Receipt 08 / 15 / 2014
Transaction ID : 6341130
 Amount of Each Receipt this Period 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: PAGE 90 OF 237
(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 G Lewallen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 7th St 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 08 / 15 / 2014
Transaction ID : 6341131
 Amount of Each Receipt this Period 1000.00

B. John C Richmond MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Malcolm Street
 City Hingham State MA Zip Code 02043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boston Sports & Shoulder Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 15 / 2014
Transaction ID : 6341132
 Amount of Each Receipt this Period 1000.00

c. Robert James Carangelo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Balfour Dr
 City West Hartford State CT Zip Code 06117-2902
 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 08 / 22 / 2014
Transaction ID : 6364819
 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 91 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 H Gordon MD
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 17290

City Salt Lake City	State UT	Zip Code 84117-0290
------------------------	-------------	------------------------

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

Name of Employer JASIS	Occupation Orthopaedic Surgeon
---------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 22 / 2014
Transaction ID : 6364820

Amount of Each Receipt this Period
500.00

B. Nicholas V Polifroni MD
Full Name (Last, First, Middle Initial)
Mailing Address 40 Cross St Ste 300

City Norwalk	State CT	Zip Code 06851-4661
-----------------	-------------	------------------------

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

Name of Employer Coastal Orthopaedics	Occupation Orthopaedic Surgeon
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 22 / 2014
Transaction ID : 6364821

Amount of Each Receipt this Period
500.00

C. 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
08 / 22 / 2014
Transaction ID : 6364822

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 92 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 Vizzi MD
Full Name (Last, First, Middle Initial)

Mailing Address 318 Beverly Drive

City Lafayette State LA Zip Code 70503

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

Name of Employer Occupation
Self Employed Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 22 / 2014
Transaction ID : 6364823

Amount of Each Receipt this Period
500.00

B. Edward Akelman MD
Full Name (Last, First, Middle Initial)

Mailing Address 5 Pheasant Ln

City Barrington State RI Zip Code 02806-4930

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

Name of Employer Occupation
University Orthopaedics Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 22 / 2014
Transaction ID : 6364824

Amount of Each Receipt this Period
500.00

C. Eric W Fulkerson MD
Full Name (Last, First, Middle Initial)

Mailing Address 1150 Bancroft Rd

City Walnut Creek State CA Zip Code 94598-2358

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

Name of Employer Occupation
Muir Orthopaedic Specialists Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 22 / 2014
Transaction ID : 6364825

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 93 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 Robert Ayres MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Beach Dr NE Unit 903
 City St Petersburg State FL Zip Code 33701-3065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coastal Orthopaedics & Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **08 / 22 / 2014**
Transaction ID : 6367758
 Amount of Each Receipt this Period **1000.00**

B. Jonathan E Fuller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9806 Fieldcrest Dr
 City Omaha State NE Zip Code 68114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **08 / 22 / 2014**
Transaction ID : 6367759
 Amount of Each Receipt this Period **500.00**

C. John P Ternes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3707 Mooreland Farms Rd
 City Charlotte State NC Zip Code 28226-5404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ortho Carolina Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 22 / 2014**
Transaction ID : 6367761
 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 94 OF 237
	<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 E Grant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Bayberry Circle
 City Ambler State PA Zip Code 19002-1145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : 6367764
 Amount of Each Receipt this Period
 150.00

B. Alfred J Coppola MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Vista Verde Way
 City Bakersfield State CA Zip Code 93309
 FEC ID number 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 M / D D D / Y Y Y Y Y Y
 08 / 22 / 2014
Transaction ID : 6367766
 Amount of Each Receipt this Period
 350.00

C. Jamey Walcott Burrow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1325 E. Fortification St
 City Jackson State MS Zip Code 39202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mississippi Sports Med & Ortho Ctr
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2014
Transaction ID : 6367776
 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 95 OF 237
(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 H Healey MD, FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1275 York Ave
 City New York State NY Zip Code 10065-6007
 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 08 / 27 / 2014
Transaction ID : 6367778
 Amount of Each Receipt this Period 700.00

B. John Thomas Lynn II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Hillside Dr
 City Hollis State NH Zip Code 03049
 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 08 / 27 / 2014
Transaction ID : 6367779
 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 89102-2245
 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 08 / 27 / 2014
Transaction ID : 6367780
 Amount of Each Receipt this Period 500.00

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 96 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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. Gregg D Pike MD		Date of Receipt
Mailing Address 307 Flood Road		M M M / D D D / Y Y Y Y Y Y 08 / 27 / 2014
City	State	Zip Code
Great Falls	MT	59404-6402
FEC ID number of contributing federal political committee.		Transaction ID : 6367782
C		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		
<input type="checkbox"/> Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) B. David Victor Mungo MD		Date of Receipt
Mailing Address 11218 Clapsaddle Ave NE		M M M / D D D / Y Y Y Y Y Y 08 / 27 / 2014
City	State	Zip Code
Alliance	OH	44601-9765
FEC ID number of contributing federal political committee.		Transaction ID : 6367783
C		Amount of Each Receipt this Period
		650.00
Name of Employer	Occupation	
Alliance Medical Foundation	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. Michael A Rauh MD		Date of Receipt
Mailing Address 46 Middlebury Rd		M M M / D D D / Y Y Y Y Y Y 08 / 28 / 2014
City	State	Zip Code
Orchard Park	NY	14127-3962
FEC ID number of contributing federal political committee.		Transaction ID : 6369108
C		Amount of Each Receipt this Period
		50.00
Name of Employer	Occupation	
University Orthopedic Specialists	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	275.00	

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 97 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 6369109
 Amount of Each Receipt this Period
 100.00

B. 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 ▼ 418.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 6369110
 Amount of Each Receipt this Period
 84.00

C. Carl E Becker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Southview Lane
 City Lititz State PA Zip Code 17543-8206
 FEC ID number 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
 08 / 27 / 2014
Transaction ID : 6371229
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 237
<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. Gary Dean Harter MD		Date of Receipt MM / DD / YYYY 08 / 27 / 2014 Transaction ID : 6371230
Mailing Address 104 Countryside Ln		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Daniel Alexander Capen MD		Date of Receipt MM / DD / YYYY 08 / 27 / 2014 Transaction ID : 6371231
Mailing Address 3416 The Strand		Amount of Each Receipt this Period 1000.00
City Manhattan Beach	State CA	Zip Code 90266-3350
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. Gary David Botimer MD		Date of Receipt MM / DD / YYYY 08 / 27 / 2014 Transaction ID : 6371232
Mailing Address 24444 Lawton Ave.		Amount of Each Receipt this Period 1000.00
City Loma Linda	State CA	Zip Code 92354
FEC ID number of contributing federal political committee. C	Name of Employer Loma Linda University	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).....▶	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 99 OF 237
	(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. Douglas R Phillips MD			Date of Receipt 08 / 27 / 2014 Transaction ID : 6371233
Mailing Address 15 Winged Foot Dr			Amount of Each Receipt this Period 500.00
City Martinez	State GA	Zip Code 30907-9141	
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. Jerome P Zechmann MD			Date of Receipt 08 / 28 / 2014 Transaction ID : 6371353
Mailing Address 8545 Island View Ct NE			Amount of Each Receipt this Period 250.00
City Olympia	State WA	Zip Code 98506-9741	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Olympia Orthopaedic Associates		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. Mark Wesley Hanna MD			Date of Receipt 08 / 29 / 2014 Transaction ID : 6375548
Mailing Address 1193 Angelo Court			Amount of Each Receipt this Period 1000.00
City Atlanta	State GA	Zip Code 30319	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer Resurgens 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).....▶	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 100 OF 237
	<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. Anthony S Wei MD			Date of Receipt 08 / 30 / 2014 Transaction ID : 6376822
Mailing Address 20529 SE Brady Rd			Amount of Each Receipt this Period 1000.00
City Camas	State WA	Zip Code 98607	
FEC ID number of contributing federal political committee. C			
Name of Employer Northwest Surgical Specialists	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. Michael R Meisterling MD			Date of Receipt 09 / 02 / 2014 Transaction ID : 6383035
Mailing Address 12550 N 72nd St.			Amount of Each Receipt this Period 500.00
City Stillwater	State MN	Zip Code 55082-9322	
FEC ID number of contributing federal political committee. C			
Name of Employer St. Croix Ortho	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. Devon D Goetz MD			Date of Receipt 09 / 02 / 2014 Transaction ID : 6383036
Mailing Address 6001 Westown Pky			Amount of Each Receipt this Period 250.00
City West Des Moines	State IA	Zip Code 50266-7702	
FEC ID number of contributing federal political committee. C			
Name of Employer Des Moines Ortho Surgeons	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).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 237
	<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 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 09 / 02 / 2014
Transaction ID : 6383038
 Amount of Each Receipt this Period 500.00

B. Michael M Albrecht MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3201 Three Rivers Dr
 City Austin State TX Zip Code 78746-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2014
Transaction ID : 6383040
 Amount of Each Receipt this Period 250.00

C. 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 Physicians Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2014
Transaction ID : 6383041
 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 102 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 Edward Porter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Ortho, Acad Serv
 701 Grove Rd 2nd Fl Suprt Twr
 City Greenville State SC Zip Code 29605-4210
 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 **1004.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2014
Transaction ID : 6384040
 Amount of Each Receipt this Period
84.00

B. 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 M / D D D / Y Y Y Y Y Y
 09 / 03 / 2014
Transaction ID : 6384042
 Amount of Each Receipt this Period
250.00

C. David J Mansfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5550 Cory Dr
 City El Paso State TX Zip Code 79932-3010
 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 **895.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2014
Transaction ID : 6390108
 Amount of Each Receipt this Period
85.00

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 103 OF 237
	<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. Neal D Lintecum MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 789 N 1500 Rd
 City Lawrence State KS Zip Code 66049-9194
 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 ▼ 450.00

Date of Receipt 09 / 05 / 2014
Transaction ID : 6390109
 Amount of Each Receipt this Period 100.00

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 U.S. Army Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 06 / 2014
Transaction ID : 6392925
 Amount of Each Receipt this Period 30.00

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 ▼ 400.00

Date of Receipt 09 / 06 / 2014
Transaction ID : 6392928
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional).....▶	330.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 237
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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. Patrick T McCulloch MD		Date of Receipt
Mailing Address 12 Caley Drive		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
Canonsburg	PA	15317-5990
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6392932
Name of Employer	Occupation	Amount of Each Receipt this Period
Advanced Orthopaedics & Rehabilitation	Orthopaedic Surgeon	<input type="text" value="84.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="334.00"/>	

Full Name (Last, First, Middle Initial) B. Tyler D Goldberg MD		Date of Receipt
Mailing Address 2413 Never Bend Cv		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
Austin	TX	78746
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6392934
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"/>	

Full Name (Last, First, Middle Initial) C. Mark A Wolgin MD		Date of Receipt
Mailing Address 1709 Devon Dr		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Albany	GA	31721
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6392936
Name of Employer	Occupation	Amount of Each Receipt this Period
Orthopaedic Associates	Orthopaedic Surgeon	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1184.00"/>
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 105 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Warren Jay Krompinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 295 Westmont
 City West Hartford State CT Zip Code 06117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopedic Associates, LLC Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2014
Transaction ID : 6394783
 Amount of Each Receipt this Period 1000.00

B. Brett Raymond Grebing MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 719 Schwarz Rd
 City Edwardsville State IL Zip Code 62025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 08 / 2014
Transaction ID : 6394784
 Amount of Each Receipt this Period 250.00

C. Geoffrey A Wright MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4229 Foxxglen Run
 City Chesapeake State VA Zip Code 23321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer U.S. Navy Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 08 / 2014
Transaction ID : 6394785
 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 106 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 K Bradway MD
Full Name (Last, First, Middle Initial)

Mailing Address 10213 N 92nd St Ste 101

City State Zip Code
Scottsdale AZ 85258

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

Name of Employer Occupation
Ortho Arizona PLLC Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 08 / 2014
Transaction ID : 6394786

Amount of Each Receipt this Period
250.00

B. Robert Horace Wilson MD
Full Name (Last, First, Middle Initial)

Mailing Address 2412 Norbeck Farm Pl

City State Zip Code
Olney MD 20832-2700

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
09 / 08 / 2014
Transaction ID : 6394787

Amount of Each Receipt this Period
250.00

C. Frank M Phillips MD
Full Name (Last, First, Middle Initial)

Mailing Address 881 Kimball Rd

City State Zip Code
Highland Park IL 60035-3618

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

Name of Employer Occupation
Midwest Orthopaedics at Rush Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 08 / 2014
Transaction ID : 6394795

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**

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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. Paul Strawn Sherbondy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 Beaumont Drive
 City State Zip Code
 State College PA 16801-8311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Penn State Hershey Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : 6397179
 Amount of Each Receipt this Period
 84.00

B. Russell A Wagner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4059 Riveridge Ct
 City State Zip Code
 Fort Worth TX 76109-4620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of North Texas Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 670.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2014
Transaction ID : 6397180
 Amount of Each Receipt this Period
 85.00

C. Lyle J Micheli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 319 Longwood Ave Ste 24
 City State Zip Code
 Boston MA 02115-5712
 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
 09 / 02 / 2014
Transaction ID : 6398914
 Amount of Each Receipt this Period
 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**

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Richard E Grant MD

Mailing Address 5 Bayberry Circle

City Ambler State PA Zip Code 19002-1145

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 ▼
 900.00

Date of Receipt
 09 / 02 / 2014
Transaction ID : 6398915

Amount of Each Receipt this Period
 150.00

Full Name (Last, First, Middle Initial)
B. John Charles Kofoed MD

Mailing Address 2619 Seminole Ct

City Fairfield State CA Zip Code 94534-7871

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

Name of Employer Occupation
 Sutter Medical Group Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 664.00

Date of Receipt
 09 / 02 / 2014
Transaction ID : 6398916

Amount of Each Receipt this Period
 84.00

Full Name (Last, First, Middle Initial)
C. Edward H Saer III, MD

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 Occupation
 Arkansas Specialty Spine Center Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 09 / 02 / 2014
Transaction ID : 6398918

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 484.00

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

**SCHEDULE A (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 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Randolph Copeland MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 Red Rock Dr
 City Gallup State NM Zip Code 87301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indian Health Service 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
 09 / 08 / 2014
Transaction ID : 6399596
 Amount of Each Receipt this Period
150.00

B. William A Jiranek MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4066 Old River Tr
 City Powhatan State VA Zip Code 23139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Commonwealth 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
 09 / 08 / 2014
Transaction ID : 6399597
 Amount of Each Receipt this Period
500.00

C. David Victor Mungo MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11218 Clapsaddle Ave NE
 City Alliance State OH Zip Code 44601-9765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alliance Medical Foundation Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2014
Transaction ID : 6399598
 Amount of Each Receipt this Period
650.00

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: PAGE 110 OF 237
(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 Malumed MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 506 Van Lears Run
 City Villanova State PA Zip Code 19085-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2014
Transaction ID : 6399599
 Amount of Each Receipt this Period
 250.00

B. Kenneth J Kress MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 655 Blakenham Ct
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2014
Transaction ID : 6399600
 Amount of Each Receipt this Period
 1000.00

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
 09 / 08 / 2014
Transaction ID : 6399601
 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 111 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 Steinmann DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1517 W. Cypress Ave.
 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: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 08 / 2014**
Transaction ID : 6399602
 Amount of Each Receipt this Period **500.00**

B. Stephen Cunningham Robinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5824 Widewaters Parkway
 City East Syracuse State NY Zip Code 13057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Syracuse Orthopedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 08 / 2014**
Transaction ID : 6399603
 Amount of Each Receipt this Period **250.00**

C. Eric B Arvidson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Pelham Rd
 City Salem State NH Zip Code 03079
 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 **300.00**

Date of Receipt **09 / 08 / 2014**
Transaction ID : 6399604
 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 112 OF 237
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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. 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 09 / 11 / 2014
Transaction ID : 6405139
 Amount of Each Receipt this Period 500.00

B. 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 ▼ 2000.00

Date of Receipt 09 / 11 / 2014
Transaction ID : 6405153
 Amount of Each Receipt this Period 1000.00

C. John W McClellan III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12715 Westchester Plaza
 City Omaha State NE Zip Code 68154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nebraska Spine Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 11 / 2014
Transaction ID : 6405154
 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 113 OF 237
<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. Joshua Peter Nadaud MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1150 Highland Pointe Dr
 City Saint Louis State MO Zip Code 63131-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Signature Health Services 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
 09 / 11 / 2014
Transaction ID : 6405155
 Amount of Each Receipt this Period
 250.00

B. Ronald S Lederman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3227 Woodview Lake Rd
 City West Bloomfield State MI Zip Code 48323-3572
 FEC ID number 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
 09 / 11 / 2014
Transaction ID : 6405156
 Amount of Each Receipt this Period
 100.00

C. Joseph R Locker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2240 SW 76th Ln
 City Ocala State FL Zip Code 34476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Orthopaedic Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : 6405157
 Amount of Each Receipt this Period
 1000.00

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 114 OF 237
	<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. Frederick M Azar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 Union Ave Ste 500
 City Memphis State TN Zip Code 38104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Campbell Clinic Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : 6405158
 Amount of Each Receipt this Period
1000.00

B. 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 **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : 6405252
 Amount of Each Receipt this Period
300.00

C. Brian A Borden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5719 Spring Hill Drive
 City Ann Arbor State MI Zip Code 48105-9552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Joseph Mercy Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : 6405253
 Amount of Each Receipt this Period
250.00

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 115 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 M Kallemeier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15005 Maple Dr
 City Des Moines State IA Zip Code 50323-2425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : 6405254
 Amount of Each Receipt this Period
 250.00

B. George F Muschler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2270 Chatfield Dr
 City Cleveland Heights State OH Zip Code 44106-3656
 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
 09 / 11 / 2014
Transaction ID : 6405255
 Amount of Each Receipt this Period
 500.00

C. Brian D Mulliken MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Brett Manor Ct
 City Hunt Valley State MD Zip Code 21030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Maryland 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
 09 / 11 / 2014
Transaction ID : 6405256
 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 116 OF 237
	<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 L Schiffman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 161 N Elmwood Ave
 City State Zip Code
 Oak Park IL 60302-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Loyola University Medical Center Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : 6405260
 Amount of Each Receipt this Period
 250.00

B. Wayne M Goldstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2887 Lexington Ln
 City State Zip Code
 Highland Park IL 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
 09 / 11 / 2014
Transaction ID : 6405261
 Amount of Each Receipt this Period
 1000.00

C. Alan Craig League MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1828 Longvalley Rd
 City State Zip Code
 Glenview IL 60025
 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
 09 / 11 / 2014
Transaction ID : 6405262
 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 117 OF 237
(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 Andrew Campbell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3192 Stonewood Drive
 City Virginia Beach State VA Zip Code 23456-1560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Ortho Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2014
Transaction ID : 6405263
 Amount of Each Receipt this Period 250.00

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 ▼ 368.00

Date of Receipt 09 / 13 / 2014
Transaction ID : 6409805
 Amount of Each Receipt this Period 84.00

C. 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 ▼ 588.00

Date of Receipt 09 / 14 / 2014
Transaction ID : 6409820
 Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 418.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Ronald W B Wyatt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 533 Carleton Way
 City Alamo State CA Zip Code 94507-2863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2014
Transaction ID : 6409821
 Amount of Each Receipt this Period
 100.00

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 ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2014
Transaction ID : 6409822
 Amount of Each Receipt this Period
 85.00

C. 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 ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : 6410983
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	435.00
TOTAL This Period (last page this line 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 119 OF 237
(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 Routman MD

Mailing Address 1717 SE 9th St

City State Zip Code
Fort Lauderdale FL 33316-1415

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
09 / 11 / 2014
Transaction ID : 6410984

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Andrew G Urquhart MD

Mailing Address 9222 Northpointe Rd.

City State Zip Code
Brighton MI 48114

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

Name of Employer Occupation
Univ of Michigan Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2014
Transaction ID : 6410986

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Louis A DiGiovanni MD

Mailing Address Hudson Valley Ortho
23 Fish & Game Rd

City State Zip Code
Hudson NY 12534

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

Name of Employer Occupation
Columbia Memorial 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
09 / 11 / 2014
Transaction ID : 6410987

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 120 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 Peter Lubicky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 413 Holly Lane
 City Morgantown State WV Zip Code 26508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WVU School of Medicine 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
 09 / 11 / 2014
Transaction ID : 6410988
 Amount of Each Receipt this Period
 100.00

B. Paul F Lachiewicz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 Lyons Rd
 City Chapel Hill State NC Zip Code 27514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chapel Hill 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
 09 / 11 / 2014
Transaction ID : 6410989
 Amount of Each Receipt this Period
 750.00

C. David E Attarian MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Jupiter Hills Ct
 City Durham State NC Zip Code 27712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Duke University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : 6410991
 Amount of Each Receipt this Period
 200.00

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: PAGE 121 OF 237
(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. Peter White Whitfield MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Hillwind Ct
 City Greensboro State NC Zip Code 27408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeastern Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : 6410992
 Amount of Each Receipt this Period
 150.00

B. Leland R Mayer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address S 5841 County Rd B
 City Eau Claire State WI Zip Code 54701-8664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic 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
 09 / 11 / 2014
Transaction ID : 6411410
 Amount of Each Receipt this Period
 250.00

C. Steven I Grindel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7615 N Beach Dr
 City Fox Point State WI Zip Code 53217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical College of Wisconsin 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
 09 / 11 / 2014
Transaction ID : 6411412
 Amount of Each Receipt this Period
 250.00

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: PAGE 122 OF 237
(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 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : 6411413
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : 6411415
 Amount of Each Receipt this Period
 250.00

C. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2014
Transaction ID : 6412230
 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 123 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. William John Hopkinson MD			Date of Receipt
Mailing Address 351 E 59th St			<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6412231
Hinsdale	IL	60521	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		
Loyola University Health System	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. Richard E Grant MD			Date of Receipt
Mailing Address 5 Bayberry Circle			<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6412232
Ambler	PA	19002-1145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="150.00"/>
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="1050.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Richard E Grant MD			Date of Receipt
Mailing Address 5 Bayberry Circle			<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6412233
Ambler	PA	19002-1145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="150.00"/>
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="1200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
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 124 OF 237
	<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. Timothy Edward Budorick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Atlantic Orthopaedic Specialists
 230 Clearfield Ave Ste 124
 City Virginia Beach State VA Zip Code 23462-1832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic 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
 09 / 16 / 2014
Transaction ID : 6417948
 Amount of Each Receipt this Period
500.00

B. John S Kirkpatrick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13874 Bella Riva Ln
 City Jacksonville State FL Zip Code 32225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2014
Transaction ID : 6420426
 Amount of Each Receipt this Period
1000.00

c. Jeffery 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 / D D / Y Y Y Y Y Y
 09 / 18 / 2014
Transaction ID : 6420428
 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 125 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Abraham H Rosenzweig MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Warren Cutting
 City Chester State NJ Zip Code 07930-2728
 FEC ID number 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
 09 / 21 / 2014
Transaction ID : 6424064
 Amount of Each Receipt this Period
 250.00

B. Ralph T Salvagno MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Grand St
 City Hancock State MD Zip Code 21750-1208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Joint Surgery Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : 6430459
 Amount of Each Receipt this Period
 1000.00

C. L Jay Matchett MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Central Indiana Ortho
 3600 W Bethel Ave
 City Muncie State IN Zip Code 47304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Indiana Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : 6430460
 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 126 OF 237
	<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 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 **400.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : 6430461
 Amount of Each Receipt this Period **200.00**

B. Shivajee V Nallamothe DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7427 Foxburg Ct
 City Clarkston State MI Zip Code 48348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : 6430462
 Amount of Each Receipt this Period **150.00**

C. Joseph E Trader MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1021 Memorial Dr
 City Manitowoc State WI Zip Code 54220-2242
 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 **350.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : 6430463
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **450.00**
TOTAL This Period (last page this line number only).....

**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 237
(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. 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 09 / 15 / 2014
Transaction ID : 6430464
 Amount of Each Receipt this Period 250.00

B. 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 ▼ 400.00

Date of Receipt 09 / 15 / 2014
Transaction ID : 6430465
 Amount of Each Receipt this Period 100.00

C. Richard Fairfax Pell IV, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12801 SW 82nd Avenue
 City Miami State FL Zip Code 33156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Florida Int'l Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 376.00

Date of Receipt 09 / 15 / 2014
Transaction ID : 6430466
 Amount of Each Receipt this Period 188.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 538.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 237
	<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. Jay G Stein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 311-A
 9999 NE 2nd Avenue
 City Miami Shores State FL Zip Code 33138
 FEC ID number 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
 09 / 15 / 2014
Transaction ID : 6430467
 Amount of Each Receipt this Period
150.00

B. William A Herndon MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3122 Thornbrooke Blvd
 City Edmond State OK Zip Code 73013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Oklahoma
 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
 09 / 15 / 2014
Transaction ID : 6430472
 Amount of Each Receipt this Period
100.00

C. Wudbhav N Sankar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 Montgomery School Ln
 City Wynnewood State PA Zip Code 19096-1119
 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 **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : 6430474
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="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. Carla S Smith MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014 Transaction ID : 6430477
Mailing Address 2006 E 24th Ave			Amount of Each Receipt this Period 500.00
City Spokane	State WA	Zip Code 99203	
FEC ID number of contributing federal political committee. C			
Name of Employer Providence Medical 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. Keith D Osborn MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014 Transaction ID : 6430478
Mailing Address 1840 Ridgefield Dr			Amount of Each Receipt this Period 250.00
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: <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. Ariel Goldman MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014 Transaction ID : 6430480
Mailing Address 31 Woodbine Rd			Amount of Each Receipt this Period 750.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1750.00	

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 130 OF 237
	<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 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)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : 6430483
 Amount of Each Receipt this Period **500.00**

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 **525.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : 6430484
 Amount of Each Receipt this Period **225.00**

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 **09 / 15 / 2014**
Transaction ID : 6430485
 Amount of Each Receipt this Period **250.00**

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: PAGE 131 OF 237
(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. Evan K Bash MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Dauphin Drive
 City State Zip Code
 Media PA 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : 6430486
 Amount of Each Receipt this Period
 250.00

B. Richard Lee Parker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Dowling Ct
 City State Zip Code
 Old Westbury NY 11568-1220
 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
 09 / 15 / 2014
Transaction ID : 6430487
 Amount of Each Receipt this Period
 250.00

C. G William Woods MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Greenway Plaza #17L
 City State Zip Code
 Houston TX 77046-1425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fondren Orthopaedic Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : 6430489
 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 132 OF 237
	<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. Darin T Leetun MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4708 Ridgewood Lane
 City Grand Forks State ND Zip Code 58201-2829
 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 **09 / 15 / 2014**
Transaction ID : 6430490
 Amount of Each Receipt this Period **250.00**

B. Haluk Altioek MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 921 Robinhood Ln
 City La Grange Park State IL Zip Code 60526-1580
 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 **250.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : 6430494
 Amount of Each Receipt this Period **250.00**

C. Anthony B Brentlinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3705 Black Canyon Rd
 City Fort Worth State TX Zip Code 76109-3243
 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 **500.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : 6430495
 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 133 OF 237
	<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. Carlos Guanche MD		Date of Receipt MM / DD / YYYY 09 / 15 / 2014 Transaction ID : 6430496
Mailing Address 24959 John Fremont Road		Amount of Each Receipt this Period 500.00
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: <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. Michael A Mont MD		Date of Receipt MM / DD / YYYY 09 / 15 / 2014 Transaction ID : 6430497
Mailing Address 3 Grenadier Ct		Amount of Each Receipt this Period 1000.00
City Owings Mills	State MD	Zip Code 21117-3013
FEC ID number of contributing federal political committee. C	Name of Employer Sinai Hospital of Baltimore	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. Kenneth K Ishizue MD		Date of Receipt MM / DD / YYYY 09 / 15 / 2014 Transaction ID : 6430500
Mailing Address 12705 Corte Cordillera		Amount of Each Receipt this Period 100.00
City Salinas	State CA	Zip Code 93908
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 ▼ 388.00	

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 134 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 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 **09 / 15 / 2014**
Transaction ID : 6430501
 Amount of Each Receipt this Period **250.00**

B. Serena Young-Nguyen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1760 Termino Ave #208
 City Long Beach State CA Zip Code 90804
 FEC ID number 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 **09 / 15 / 2014**
Transaction ID : 6430502
 Amount of Each Receipt this Period **100.00**

C. William D Sudduth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Point Clear Rd
 City Tuscaloosa State AL Zip Code 35406-3230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southlake Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : 6430504
 Amount of Each Receipt this Period **1000.00**

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 135 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 D Sponseller MD
Full Name (Last, First, Middle Initial)

Mailing Address 1 Coniston Rd

City Ruxton State MD Zip Code 21204

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

Name of Employer Johns Hopkins Hospital 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
 09 / 15 / 2014
Transaction ID : 6430505

Amount of Each Receipt this Period
50.00

B. Steven J Bruce MD
Full Name (Last, First, Middle Initial)

Mailing Address 1533 Lakeway Pl

City Bellingham State WA Zip Code 98229

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

Name of Employer Peace Health 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
 09 / 15 / 2014
Transaction ID : 6430507

Amount of Each Receipt this Period
100.00

C. John H Bargren MD
Full Name (Last, First, Middle Initial)

Mailing Address 1724 W. Union #100

City Tacoma State WA Zip Code 98405-2099

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 ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : 6430508

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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

**SCHEDULE A (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 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 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 09 / 15 / 2014
Transaction ID : 6430510
 Amount of Each Receipt this Period 250.00

B. Jeffrey Einer Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2207 Westerly Ct
 City Chesterfield State MO Zip Code 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington University Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 350.00

Date of Receipt 09 / 15 / 2014
Transaction ID : 6430513
 Amount of Each Receipt this Period 100.00

C. 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 1000.00

Date of Receipt 09 / 15 / 2014
Transaction ID : 6430525
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 137 OF 237
<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 L Beskin MD		Date of Receipt
Mailing Address 809 Peachtree Battle Ave		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Atlanta	GA	30327
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6430526
Name of Employer	Occupation	Amount of Each Receipt this Period
Peachtree Orthopaedics	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. James C Vailas MD		Date of Receipt
Mailing Address 42 Cortland Dr		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bedford	NH	03110-4224
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6430528
Name of Employer	Occupation	Amount of Each Receipt this Period
New Hampshire Orthopaedic Center	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. John G Birch MD		Date of Receipt
Mailing Address 9107 Brady Dr		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Dallas	TX	75243
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6430530
Name of Employer	Occupation	Amount of Each Receipt this Period
Texas Scottish Rite Hospital	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="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
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 138 OF 237
	<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 W Whang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2805 Black Mountain Way
 City Modesto State CA Zip Code 95356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sutter Gould Medical Foundation Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : 6430532
 Amount of Each Receipt this Period **100.00**

B. 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
 FEC ID number 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 **09 / 15 / 2014**
Transaction ID : 6430537
 Amount of Each Receipt this Period **1000.00**

C. Robert G Viere MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3415 Cornell Ave
 City Dallas State TX Zip Code 75205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : 6430538
 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 139 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 **300.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : 6430539
 Amount of Each Receipt this Period **100.00**

B. Jack C Nichols II, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address North Valley Ortho Med Grp
 1230 East St Ste A
 City Redding State CA Zip Code 96001-0821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **09 / 15 / 2014**
Transaction ID : 6430540
 Amount of Each Receipt this Period **1000.00**

C. 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 **09 / 15 / 2014**
Transaction ID : 6430541
 Amount of Each Receipt this Period **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 140 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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. Cooper L Terry MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014 Transaction ID : 6430542
Mailing Address 1106 S Lamar Blvd			Amount of Each Receipt this Period 1000.00
City Oxford	State MS	Zip Code 38655-4732	
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 ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Carter D. Kiesau MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014 Transaction ID : 6430543
Mailing Address 1765 Aquila Ct			Amount of Each Receipt this Period 200.00
City Bellingham	State WA	Zip Code 98226-7879	
FEC ID number of contributing federal political committee. C			
Name of Employer Peace Health	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Jefferey E Michaelson MD			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014 Transaction ID : 6430544
Mailing Address 25871 Pembroke			Amount of Each Receipt this Period 380.00
City Huntington Woods	State MI	Zip Code 48070	
FEC ID number of contributing federal political committee. C			
Name of Employer Core Institute	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00		

SUBTOTAL of Receipts This Page (optional).....▶	1580.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (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 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joseph Assenmacher MD		Date of Receipt
Mailing Address 7846 Old Sycamore Ln		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Sylvania	OH	43560
FEC ID number of contributing federal political committee.		Transaction ID : 6430545
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
Promedica Physician Group	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 M Krusniak DO		Date of Receipt
Mailing Address 825 Arbutus Dr		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cadillac	MI	49601
FEC ID number of contributing federal political committee.		Transaction ID : 6430546
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
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="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kathleen Anne Hogan MD		Date of Receipt
Mailing Address P.O. Box 659		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Windham	NH	03087
FEC ID number of contributing federal political committee.		Transaction ID : 6430554
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
NH Orthopaedic Center	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="875.00"/>
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 142 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 Lake Sherwood State CA Zip Code 91361-5117

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 23 / 2014
Transaction ID : 6430578

Amount of Each Receipt this Period
250.00

B. Adam W Rives MD
Full Name (Last, First, Middle Initial)

Mailing Address 7525 N Granby Ave

City Kansas City State MO Zip Code 64151-4256

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

Name of Employer Liberty Orthopedics
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 15 / 2014
Transaction ID : 6431828

Amount of Each Receipt this Period
250.00

C. Trevor R Pickering MD
Full Name (Last, First, Middle Initial)

Mailing Address 232 Calumet Dr

City Madison State MS Zip Code 39110-8685

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

Name of Employer Self Employed
Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 15 / 2014
Transaction ID : 6431829

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 143 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 Matarese MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 248 Hidden Pond Path
 City Franklin Lakes State NJ Zip Code 07417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 09 / 15 / 2014
Transaction ID : 6431836
 Amount of Each Receipt this Period 250.00

B. David L Coran MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10124 N Vintage Ct
 City Mequon State WI Zip Code 53092-6194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sports Medicine and Orthopaedic Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 09 / 15 / 2014
Transaction ID : 6431838
 Amount of Each Receipt this Period 500.00

C. Theodore I Macey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Twin Bay Dr
 City Fort Walton Beach State FL Zip Code 32547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 09 / 15 / 2014
Transaction ID : 6431839
 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 144 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Curtis W Spencer III, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2760 Atlantic Ave
 City Long Beach State CA Zip Code 90806-2755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Ortho Surgical Group 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
 09 / 15 / 2014
Transaction ID : 6431851
 Amount of Each Receipt this Period
 200.00

B. David Harrison Gilbert MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5301 N Dixie Hwy Ste 203
 City Fort Lauderdale State FL Zip Code 33334-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Broward Orthopaedic Specialists Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : 6431852
 Amount of Each Receipt this Period
 200.00

C. 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014
Transaction ID : 6433241
 Amount of Each Receipt this Period
 500.00

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 145 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 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 **1500.00**

Date of Receipt **09 / 16 / 2014**
Transaction ID : 6433242
 Amount of Each Receipt this Period **500.00**

B. 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 **1000.00**

Date of Receipt **09 / 16 / 2014**
Transaction ID : 6433243
 Amount of Each Receipt this Period **500.00**

C. Steven Tradonsky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7485 Mission Valley Rd Suite 104
 City San Diego State CA Zip Code 92108-4422
 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 **750.00**

Date of Receipt **09 / 16 / 2014**
Transaction ID : 6433244
 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 146 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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. Ramy N Elias MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2014 Transaction ID : 6433248
Mailing Address 3581 Courtside Cir		Amount of Each Receipt this Period 300.00
City Huntington Beach	State CA	Zip Code 92649
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. David E Gwinn MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2014 Transaction ID : 6433252
Mailing Address 6535 Hitt Ave		Amount of Each Receipt this Period 250.00
City McLean	State VA	Zip Code 22101-4654
FEC ID number of contributing federal political committee. C		
Name of Employer US Navy	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. Chad Richard Manke MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2014 Transaction ID : 6433255
Mailing Address 3301 Hidden Pointe Cove		Amount of Each Receipt this Period 500.00
City Virginia Beach	State VA	Zip Code 23452-6279
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).....▶	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 147 OF 237
<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. Stephen C McNeil MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Hunter Ln
 City Canton State MA Zip Code 02021-1731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McNeil 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
 09 / 16 / 2014
Transaction ID : 6433256
 Amount of Each Receipt this Period
 1000.00

B. Mario M Berkowitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4850 W Oakland Park Blvd Ste 201
 City Lauderdale Lakes State FL Zip Code 33313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Total Orthopaedic Care 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
 09 / 16 / 2014
Transaction ID : 6433260
 Amount of Each Receipt this Period
 500.00

C. Emmett T McEleney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Mohave Desert Ortho Ctr
 1739 Beverly Ave Ste 101
 City Kingman State AZ Zip Code 86409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mohave Desert Ortho 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
 09 / 16 / 2014
Transaction ID : 6433261
 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 148 OF 237
	<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. 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2014
Transaction ID : 6433262
 Amount of Each Receipt this Period
 250.00

B. James G Warmbrod Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 947 Grayson Ln
 City Jackson State TN Zip Code 38305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jackson Clinic 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
 09 / 16 / 2014
Transaction ID : 6433263
 Amount of Each Receipt this Period
 500.00

C. Nicholas V Polifroni MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Cross St Ste 300
 City Norwalk State CT Zip Code 06851-4661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coastal Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2014
Transaction ID : 6433264
 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 149 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. F Thomas Davies Kaplan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11542 Willow Springs Dr
 City Zionsville State IN Zip Code 46077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indiana Hand to Shoulder Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2014
Transaction ID : 6433267
 Amount of Each Receipt this Period 500.00

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 NYU Hospital for Joint Diseases Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 16 / 2014
Transaction ID : 6433269
 Amount of Each Receipt this Period 500.00

C. Michael M Lynch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 Sturbridge Ln
 City Southport State CT Zip Code 06890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coastal Orthopaedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 19 / 2014
Transaction ID : 6433276
 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 150 OF 237
(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
 09 / 19 / 2014
Transaction ID : 6433277
 Amount of Each Receipt this Period
 900.00

B. Eric Christopher Johnston MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4007 Glade Hollow Way
 City State Zip Code
 Bountiful UT 84010-5874
 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
 09 / 19 / 2014
Transaction ID : 6433278
 Amount of Each Receipt this Period
 300.00

C. Robert L Bass MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5721 Salisbury
 City State Zip Code
 Prosper TX 75078-5679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UTSW Med School Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : 6433279
 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 151 OF 237
(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 M Dolan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 747 Church St SE
 City Salem State OR Zip Code 97301-3715
 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
 09 / 19 / 2014
Transaction ID : 6433280
 Amount of Each Receipt this Period
 1000.00

B. 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 Occupation
 Pacific Ortho Medical Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : 6433283
 Amount of Each Receipt this Period
 250.00

C. Glenn D Wera MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Hanna House 6
 11100 Euclid Ave
 City Cleveland State OH Zip Code 44106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Hospitals Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : 6433284
 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 152 OF 237
	<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 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
 09 / 19 / 2014
Transaction ID : 6433285
 Amount of Each Receipt this Period
250.00

B. Robert H Blotter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1116 Ortman
 City Marquette State MI Zip Code 49855-9333
 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
 09 / 19 / 2014
Transaction ID : 6433286
 Amount of Each Receipt this Period
500.00

c. Mariam Hakim-Zargar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Terrace Dr
 City Avon State CT Zip Code 06001
 FEC ID number 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
 09 / 19 / 2014
Transaction ID : 6433288
 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 153 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gabriel Edward Lewullis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 443 Spring Hollow Drive
 City Middletown State DE Zip Code 19709-7803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bay Health Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 19 / 2014**
Transaction ID : 6433297
 Amount of Each Receipt this Period **150.00**

B. Matthew R Lindaman DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2130 E Stonebrook Ln
 City Eldridge State IA Zip Code 52748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ORA Orthopedics Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **09 / 19 / 2014**
Transaction ID : 6433298
 Amount of Each Receipt this Period **1000.00**

C. John H Benner IV, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1071 Stable Ln
 City West Chester State PA Zip Code 19382-7538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 22 / 2014**
Transaction ID : 6433307
 Amount of Each Receipt this Period **250.00**

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 154 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Louis M Kwong MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 W Carson Street, Box 422
 City Torrance State CA Zip Code 90502-2004
 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 **1000.00**

Date of Receipt **09 / 22 / 2014**
Transaction ID : 6433308
 Amount of Each Receipt this Period **750.00**

B. 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 **2000.00**

Date of Receipt **09 / 22 / 2014**
Transaction ID : 6433309
 Amount of Each Receipt this Period **1000.00**

C. 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 **09 / 22 / 2014**
Transaction ID : 6433310
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **1850.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 **1250.00**

Date of Receipt **09 / 22 / 2014**
Transaction ID : 6433312
 Amount of Each Receipt this Period **250.00**

B. James J Guerra MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3180 Fort Charles Dr
 City Naples State FL Zip Code 34102-7923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 22 / 2014**
Transaction ID : 6433313
 Amount of Each Receipt this Period **500.00**

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 **3000.00**

Date of Receipt **09 / 16 / 2014**
Transaction ID : 6433331
 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 156 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 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 ▼ 500.00

Date of Receipt 09 / 16 / 2014
Transaction ID : 6433332
 Amount of Each Receipt this Period 250.00

B. Richard Lee Crank DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6588 Eagle Ridge Way
 City Lakeland State FL Zip Code 33813-5683
 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 ▼ 1000.00

Date of Receipt 09 / 16 / 2014
Transaction ID : 6433336
 Amount of Each Receipt this Period 1000.00

C. 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 ▼ 2000.00

Date of Receipt 09 / 16 / 2014
Transaction ID : 6433337
 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 157 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Zaki George Ibrahim MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5380 Autumn Dr
 City Greenwood Village State CO Zip Code 80111-3424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Denver Spine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 16 / 2014
Transaction ID : 6433338
 Amount of Each Receipt this Period 750.00

B. Robert A Caveney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2115 Chapline St VPC Ste 107
 City Wheeling State WV Zip Code 26003-3859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Valley Medical Center Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 16 / 2014
Transaction ID : 6433339
 Amount of Each Receipt this Period 150.00

C. Ricardo A Gonzales MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 52
 City Contoocook State NH Zip Code 03229-0052
 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 ▼ 300.00

Date of Receipt 09 / 16 / 2014
Transaction ID : 6433340
 Amount of Each Receipt this Period 200.00

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 158 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 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. **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
 09 / 16 / 2014
Transaction ID : 6433342
 Amount of Each Receipt this Period
 250.00

B. Michael John Cummings MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6920 Country Club Dr
 City State Zip Code
 La Jolla CA 92037-5607
 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 ▼
 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014
Transaction ID : 6433344
 Amount of Each Receipt this Period
 500.00

C. Robert L Burke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5006 Braeburn Drive
 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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2014
Transaction ID : 6433346
 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 159 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 H Harrington MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Marsh Brook Dr Ste 205
 City Somersworth State NH Zip Code 03878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seacoast Ortho & Sports Medicine Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 16 / 2014**
Transaction ID : 6433347
 Amount of Each Receipt this Period **500.00**

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 **09 / 16 / 2014**
Transaction ID : 6433348
 Amount of Each Receipt this Period **1000.00**

C. K William Kumer MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 Ridgewood Dr
 City Maysville State KY Zip Code 41056-9765
 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 **1750.00**

Date of Receipt **09 / 19 / 2014**
Transaction ID : 6433353
 Amount of Each Receipt this Period **750.00**

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 160 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 B Welch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 2190
 City Napa State CA Zip Code 94558-0508
 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 **450.00**

Date of Receipt **09 / 19 / 2014**
Transaction ID : 6433354
 Amount of Each Receipt this Period **150.00**

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 **2000.00**

Date of Receipt **09 / 19 / 2014**
Transaction ID : 6433356
 Amount of Each Receipt this Period **1000.00**

C. Michael E Elia MD
 Full Name (Last, First, Middle Initial)
 Mailing Address One Stone PI Ste 306
 City Bronxville State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 19 / 2014**
Transaction ID : 6433358
 Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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 Pizzutillo MD		Date of Receipt 09 / 19 / 2014 Transaction ID : 6433359
Mailing Address 926 Bowman Ave		Amount of Each Receipt this Period 250.00
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: <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. Evangelos Megariotis MD		Date of Receipt 09 / 19 / 2014 Transaction ID : 6433361
Mailing Address 21 Ravona St		Amount of Each Receipt this Period 1000.00
City Clifton	State NJ	Zip Code 07012-1521
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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) c. Craig W Goodhart MD		Date of Receipt 09 / 19 / 2014 Transaction ID : 6433362
Mailing Address 2708 Creek View Dr		Amount of Each Receipt this Period 250.00
City Flower Mound	State TX	Zip Code 75022-5675
FEC ID number of contributing federal political committee.	C	
Name of Employer OrthoTexas	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).....▶	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 162 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 A Gustke MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4318 W Azeele St
 City Tampa State FL Zip Code 33609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Orthopaedic Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 19 / 2014**
Transaction ID : 6433367
 Amount of Each Receipt this Period **500.00**

B. 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 **500.00**

Date of Receipt **09 / 19 / 2014**
Transaction ID : 6433368
 Amount of Each Receipt this Period **250.00**

C. 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 Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 19 / 2014**
Transaction ID : 6433370
 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 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. John K Merson MD		Date of Receipt
Mailing Address 848 Miranda Creek Ct		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City Alamo State CA Zip Code 94507-1467		Transaction ID : 6433377
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer East Bay Sports Medicine Occupation Orthopaedic Surgeon		<input type="text"/> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

Full Name (Last, First, Middle Initial) B. Thomas W Wright MD		Date of Receipt
Mailing Address P.O. Box 112727 3450 Hull Road		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City Gainesville State FL Zip Code 32611-2727		Transaction ID : 6433378
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer University of Florida Occupation Orthopaedic Surgeon		<input type="text"/> 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 2000.00	

Full Name (Last, First, Middle Initial) C. Kurt F Konkell MD		Date of Receipt
Mailing Address N 84 W 16889 Menomonee Ave		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City Menomonee Falls State WI Zip Code 53051		Transaction ID : 6433379
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer FMG Occupation Orthopaedic Surgeon		<input type="text"/> 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 1500.00
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 164 OF 237
(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. Joel Anthony Wallskog MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12907 N Highgate Ct
 City Mequon State WI Zip Code 53097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aurora Advanced Healthcare Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 09 / 19 / 2014
Transaction ID : 6433380
 Amount of Each Receipt this Period
 1000.00

B. Richard A Biama MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1566 Edgehill Ln
 City Redlands State CA Zip Code 92373
 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 ▼
 1000.00

Date of Receipt
 09 / 19 / 2014
Transaction ID : 6433382
 Amount of Each Receipt this Period
 500.00

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 Occupation
 St. Francis Medical Group Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 19 / 2014
Transaction ID : 6433383
 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 165 OF 237
(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. Andrew J Vicar MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8934 Dandy Creek Dr
 City State Zip Code
 Indianapolis IN 46234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OrthoIndy Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : 6433385
 Amount of Each Receipt this Period
 250.00

B. John English Feighan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2260 Harcourt Dr
 City State Zip Code
 Cleveland Heights OH 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : 6433386
 Amount of Each Receipt this Period
 250.00

C. John G Thometz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Bartlett Drive
 City State Zip Code
 Brookfield WI 53045
 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 ▼
 438.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2014
Transaction ID : 6433387
 Amount of Each Receipt this Period
 188.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 688.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 237
	<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 Vincent Bruno MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 37832 Atkins Knoll
 City Oconomowoc State WI Zip Code 53066-3921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fort Medical Group Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **09 / 19 / 2014**
Transaction ID : 6433388
 Amount of Each Receipt this Period **100.00**

B. G Klaud Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Simpson
 City Evanston State IL Zip Code 60201-2135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 22 / 2014**
Transaction ID : 6433420
 Amount of Each Receipt this Period **250.00**

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 Ortho Montana Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **09 / 22 / 2014**
Transaction ID : 6433421
 Amount of Each Receipt this Period **1000.00**

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 167 OF 237
	<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. David Matthew Beard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 32nd Ave South
 City Fargo State ND Zip Code 58103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Essentia Health Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt: 09 / 22 / 2014
Transaction ID : 6433422
 Amount of Each Receipt this Period: 100.00

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 **2000.00**

Date of Receipt: 09 / 22 / 2014
Transaction ID : 6433423
 Amount of Each Receipt this Period: 1000.00

C. Lewis B Lane MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 0 South Rd
 City Sands Point State NY Zip Code 11050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: North Shore Orthopaedics Occupation: Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt: 09 / 22 / 2014
Transaction ID : 6433424
 Amount of Each Receipt this Period: 100.00

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

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

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

FOR LINE NUMBER: PAGE 168 OF 237
(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. Thomas H Kay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3131 Peppercreek Bridge Pkwy
 City Valparaiso State IN Zip Code 46385-7128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeshore Bone & Joint Institute Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2014
Transaction ID : 6433428
 Amount of Each Receipt this Period 250.00

B. Daniel J Murphy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 Ben Bar Circle
 City Whitesboro State NY Zip Code 13492-3023
 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 ▼ 500.00

Date of Receipt 09 / 22 / 2014
Transaction ID : 6433429
 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 Arlington State TX Zip Code 76006-3707
 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 ▼ 500.00

Date of Receipt 09 / 22 / 2014
Transaction ID : 6433433
 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 169 OF 237
(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 Gerard Marsicano MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1412 Crabapple Dr
 City Manasquan State NJ Zip Code 08736-4012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brielle 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
 09 / 22 / 2014
Transaction ID : 6433434
 Amount of Each Receipt this Period
 1000.00

B. George A Pugh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1124 Longridge Rd
 City Oakland State CA Zip Code 94610-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Bay Orthopaedic Specialists 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
 09 / 22 / 2014
Transaction ID : 6433435
 Amount of Each Receipt this Period
 300.00

C. Donald R Davis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4202 Park Hollow Ct
 City Austin State TX Zip Code 78746-1247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : 6433439
 Amount of Each Receipt this Period
 250.00

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 170 OF 237
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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. Vladimir Tress MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 41-11 Christine Court
 City State Zip Code
 Fair Lawn NJ 07410-5701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NYU Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : 6433440
 Amount of Each Receipt this Period
 250.00

B. Kevin Charles Booth MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1078 S. Wedgewood Rd
 City State Zip Code
 San Ramon CA 94582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NCSI 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
 09 / 22 / 2014
Transaction ID : 6433442
 Amount of Each Receipt this Period
 500.00

C. Thomas E Heer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 77 Woodland Ln
 City State Zip Code
 Arcadia CA 91006-2337
 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 ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : 6433443
 Amount of Each Receipt this Period
 150.00

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 171 OF 237
	<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 John Jason MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12212 Cortez Boulevard
 City Brooksville State FL Zip Code 34613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : 6433444
 Amount of Each Receipt this Period
 400.00

B. Robert F Mahnken MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5040 S Barnes Ct
 City Springfield State MO Zip Code 65804-7834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy 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
 09 / 22 / 2014
Transaction ID : 6433446
 Amount of Each Receipt this Period
 250.00

C. Patrick John Casey MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Emerson Rd
 City Concord State NH Zip Code 03301-3044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Concord 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
 09 / 22 / 2014
Transaction ID : 6433448
 Amount of Each Receipt this Period
 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 172 OF 237
	<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. Eric T Johnson MD
Full Name (Last, First, Middle Initial)

Mailing Address 2 Nest Court

City State Zip Code
Wilmington DE 19807-1147

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

Name of Employer Occupation
1st State 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
09 / 24 / 2014
Transaction ID : 6435997

Amount of Each Receipt this Period
1000.00

B. Robert J Benz MD
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Linden Lake Road

City State Zip Code
Fort Collins CO 80524

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

Name of Employer Occupation
Ortho & Spine Ctr of Rockies Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2014
Transaction ID : 6446881

Amount of Each Receipt this Period
1000.00

C. Andre Nicolas Gay MD
Full Name (Last, First, Middle Initial)

Mailing Address 26 Chimney Rock

City State Zip Code
Oakland CA 94605-4605

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

Name of Employer Occupation
Beloit Health System Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2014
Transaction ID : 6446882

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 173 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 Rauh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Middlebury Rd
 City Orchard Park State NY Zip Code 14127-3962
 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 **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2014
Transaction ID : 6449507
 Amount of Each Receipt this Period
50.00

B. 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 **502.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2014
Transaction ID : 6449509
 Amount of Each Receipt this Period
84.00

C. Mark James Albritton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Ashmere Ct
 City Tyrone State GA Zip Code 30290
 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
 09 / 26 / 2014
Transaction ID : 6450531
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **634.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 174 OF 237
(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. 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 Sentara 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
 09 / 26 / 2014
Transaction ID : 6450533
 Amount of Each Receipt this Period
 250.00

B. 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 M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 6450537
 Amount of Each Receipt this Period
 250.00

C. William D Allen MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 6450538
 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 175 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 Mohawk Valley Ortho 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
 09 / 26 / 2014
Transaction ID : 6450539

Amount of Each Receipt this Period
 500.00

B. Melissa Diane Young Szalay MD
Full Name (Last, First, Middle Initial)

Mailing Address 15110 Maple Drive

City Urbandale State IA Zip Code 50323-2426

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

Name of Employer Des Moines Ortho Surgeons Occupation Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 6450540

Amount of Each Receipt this Period
 250.00

c. 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 High Point Orthopaedic & Sport 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
 09 / 26 / 2014
Transaction ID : 6450541

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 176 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

Transaction ID : 6450542

Amount of Each Receipt this Period

250.00

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

Mailing Address 288 Groveland St

City	State	Zip Code
Haverhill	MA	01830-6669

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

Name of Employer	Occupation
Associates in 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
09	/	26	/	2014

Transaction ID : 6450544

Amount of Each Receipt this Period

1000.00

C. Jeffrey Malumed MD
Full Name (Last, First, Middle Initial)

Mailing Address 506 Van Lears Run

City	State	Zip Code
Villanova	PA	19085-1023

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

Name of Employer	Occupation
Premier Orthopedics	Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

Transaction ID : 6453799

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 177 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Christian Carson Hall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 870 Westover Lane
 City York State PA Zip Code 17403-5926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellsSpan 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
 09 / 26 / 2014
Transaction ID : 6453800
 Amount of Each Receipt this Period
 500.00

B. Christopher G Anderson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 726 N Knudson St
 City Liberty Lake State WA Zip Code 99019-7512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwest Orthopaedic 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
 09 / 26 / 2014
Transaction ID : 6453801
 Amount of Each Receipt this Period
 500.00

C. Aimee L Schimizzi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2921 Airline Road #1102
 City Corpus Christi State TX Zip Code 78414-3492
 FEC ID number 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
 09 / 26 / 2014
Transaction ID : 6453806
 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 178 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="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. Warren L Butterfield MD			Date of Receipt
Mailing Address 12979 Long Tail Dr			M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014
City	State	Zip Code	Transaction ID : 6453808
Draper	UT	84020-8917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
Intermountain Healthcare	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	250.00		

Full Name (Last, First, Middle Initial) B. Neil J Maki MD			Date of Receipt
Mailing Address 525 St Mary St			M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014
City	State	Zip Code	Transaction ID : 6453820
Thibodaux	LA	70301-2627	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
Thibodaux Orthopaedics	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. William G Hamilton MD			Date of Receipt
Mailing Address 8299 Glen Cove Ct			M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014
City	State	Zip Code	Transaction ID : 6453821
Alexandria	VA	22308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer	Occupation		
Anderson Orthopaedic Clinic	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	2000.00		

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 179 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Malcolm E Ghazal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2776 E Silaxo Rd
 City Clovis State CA Zip Code 93619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sierra Pacific Ortho & 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
 09 / 26 / 2014
Transaction ID : 6453822
 Amount of Each Receipt this Period
 1000.00

B. Arthur John Leupold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11832 Loma Linda Way
 City Santa Ana State CA Zip Code 92705-3033
 FEC ID number 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
 09 / 26 / 2014
Transaction ID : 6453823
 Amount of Each Receipt this Period
 100.00

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
 09 / 26 / 2014
Transaction ID : 6453826
 Amount of Each Receipt this Period
 250.00

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 180 OF 237
(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. Ronald A MacBeth Jr, MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Fair Bianca Court
 City State Zip Code
 Clarkesville GA 30523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Habersham County Medical Center 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
 09 / 26 / 2014
Transaction ID : 6453827
 Amount of Each Receipt this Period
 250.00

B. Daniel H Heller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9327 N 3rd St Ste 101
 City State Zip Code
 Phoenix AZ 85020
 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 ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 6453828
 Amount of Each Receipt this Period
 130.00

C. Laurie O Hughes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Kings Arms Rd
 City State Zip Code
 Little Rock AR 72227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Central Arkansas Veterans Heal Orthopaedic Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 6453829
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 680.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 237
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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. Gregory William Stocks MD			Date of Receipt
Mailing Address 5207 Valerie			<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6453830
Bellaire	TX	77401	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		
Fondren Orthopaedic Group	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Christopher George Furey MD			Date of Receipt
Mailing Address 18900 South Woodland Road			<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6453835
Shaker Heights	OH	44122	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="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Edward R Sweetser MD			Date of Receipt
Mailing Address 5020 Creosote Run Rd			<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 6453836
Las Cruces	NM	88011-2541	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		
Mountainview Regional Medical Center	Orthopaedic Surgeon		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>		
<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 182 OF 237
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : 6453838
 Amount of Each Receipt this Period
 750.00

B. Peggy L Naas MD, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7200 Willow View Cove
 City Chanhassen State MN Zip Code 55317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : 6453848
 Amount of Each Receipt this Period
 10.00

C. Charles P Murphy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 671 W Esplanade Ave Ste 100
 City Kenner State LA Zip Code 70065-6258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 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
 09 / 30 / 2014
Transaction ID : 6455280
 Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1510.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 237
	<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. Graham Newson		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : 6455281
Mailing Address 317 Massachusetts Ave NE 1st Floor		Amount of Each Receipt this Period 1000.00
City Washington	State DC	
Zip Code 20002-5769		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer AAOS	Occupation Director, Office of Government Relation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. R Alden Milam IV, MD		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : 6455282
Mailing Address 3320 Selwyn Ave		Amount of Each Receipt this Period 500.00
City Charlotte	State NC	
Zip Code 28209		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer OrthoCarolina	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. Michael Suk MD		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 Transaction ID : 6455283
Mailing Address 1095 Limestoneville Road		Amount of Each Receipt this Period 1000.00
City Milton	State PA	
Zip Code 17847-8064		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Geisinger Medical System	Occupation Orthopaedic Surgeon	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	255131.00

**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 184 OF 237
<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 07 / 17 / 2014 Transaction ID : 6293768
Mailing Address 6300 N River Road		Amount of Each Receipt this Period 989.27
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 ▼ 13700.12	
		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 08 / 19 / 2014 Transaction ID : 6342687
Mailing Address 6300 N River Road		Amount of Each Receipt this Period 845.41
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 ▼ 14545.53	
		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 09 / 18 / 2014 Transaction ID : 6421089
Mailing Address 6300 N River Road		Amount of Each Receipt this Period 1351.19
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 ▼ 15896.72	
		Refund of bank fees from affiliated organization

SUBTOTAL of Receipts This Page (optional).....▶	3185.87
TOTAL This Period (last page this line number only).....▶	3185.87

**SCHEDULE A (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 237
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Chad Mathis for Congress		Date of Receipt
Mailing Address 2960 Pelham Parkway Box 1641		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City Pelham	State AL	Zip Code 35124
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00550038"/>		Transaction ID : 6267418
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Receipt For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff2013	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) B. Cantor for Congress		Date of Receipt
Mailing Address P.O. Box 17813		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Richmond	State VA	Zip Code 23226
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00355461"/>		Transaction ID : 6342673
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="4250.00"/>
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4250.00"/>	

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
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="9250.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="9250.00"/>

**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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 6230306

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 6230307

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 6267416

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 : 6293803

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 : 6328814

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 : 6328815

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5			2	0	1	4		

Transaction ID : 6328816

Amount of Each Disbursement this Period

2	1	7	.	2	3
---	---	---	---	---	---

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	4			2	0	1	4		

Transaction ID : 6328830

Amount of Each Disbursement this Period

8	3	.	4	7
---	---	---	---	---

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	0			2	0	1	4		

Transaction ID : 6348859

Amount of Each Disbursement this Period

6	3	.	8	9
---	---	---	---	---

Bank fees deducted from account

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

3	6	4	.	5	9
---	---	---	---	---	---

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

3	6	4	.	5	9
---	---	---	---	---	---

**SCHEDULE B (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 : 6420416

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 : 6420418

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 : 6420420

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 : 6420421

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 : 6466236

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 : 6466240

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 : 6466242

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 : 6466254

Amount of Each Disbursement this Period

Bank fees deducted from account

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. 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: 2014
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2014

Transaction ID : 6233722

Amount of Each Disbursement this Period

2500.00

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: 2014
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2014

Transaction ID : 6233724

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins for Congress

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lynn Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2014

Transaction ID : 6233726

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)

<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 Erik Paulsen

Mailing Address P.O. Box 44369

City State Zip Code
Eden Prairie MN 55344

Purpose of Disbursement

011

Category/
Type

Candidate Name

Erik Paulsen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2014

Transaction ID : 6233727

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Scalise for Congress

Mailing Address P.O. Box 23219
Suite 301

City State Zip Code
Jefferson LA 70183

Purpose of Disbursement

011

Category/
Type

Candidate Name

Steve Scalise

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2014

Transaction ID : 6233728

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Devin Nunes Campaign Committee

Mailing Address P.O. Box 6545

City State Zip Code
Visalia CA 93290

Purpose of Disbursement

011

Category/
Type

Candidate Name

Devin Nunes

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2014

Transaction ID : 6233730

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. Impact

Mailing Address 509 Madison Avenue
Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement
Schumer's LPAC

011

Category/
Type

Candidate Name

Impact

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : 6267412

Amount of Each Disbursement this Period

5000.00

Schumer's LPAC

Full Name (Last, First, Middle Initial)

B. Duckworth for Congress

Mailing Address P.O. Box 59568

City Schaumburg State IL Zip Code 60159

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tammy Duckworth

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : 6267413

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Shaheen for Senate

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jeanne Shaheen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : 6267414

Amount of Each Disbursement this Period

2500.00

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. Schakowsky for Congress

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Janice Schakowsky

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	4

Transaction ID : 6267417

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Leadership of Today and Tomorrow

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Becerra's LPAC

011

Category/
Type

Candidate Name

Leadership of Today and Tomorrow

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	7		1	4		2	0	1	4

Transaction ID : 6267429

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Becerra's LPAC

Full Name (Last, First, Middle Initial)

C. Martha Roby for Congress

Mailing Address P.O. Box 195

City Montgomery State AL Zip Code 36101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Martha Roby

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	4

Transaction ID : 6267430

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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
3	0	0	0	0	0	0	0	0	0

1	0	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. Friends for Chris Stewart

Mailing Address 10 West Broadway, Suite 500

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Chris Stewart

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	4

Transaction ID : 6267431

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

1000.00

Full Name (Last, First, Middle Initial)

B. Mike Bishop for Congress

Mailing Address P.O. Box 1148

City State Zip Code
Brighton MI 48116

Purpose of Disbursement

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	7		1	4		2	0	1	4

Transaction ID : 6267432

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

2500.00

Full Name (Last, First, Middle Initial)

C. 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	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	4

Transaction ID : 6267439

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

2500.00

Kinzinger's LPAC

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
0	0	0	0	0	0	0	0	0	0

6000.00

0	0	0	0	0	0	0	0	0	0
0	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. Heartland Values PAC

Mailing Address P.O. Box 505

City Sious Falls State SD Zip Code 57101

Purpose of Disbursement Thune's LPAC

011

Candidate Name

Heartland Values PAC

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : 6267440

Amount of Each Disbursement this Period

5000.00

Thune's LPAC

Full Name (Last, First, Middle Initial)

B. House Conservatives Fund

Mailing Address 228 S. Washington St. Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Flores LPAC

011

Candidate Name

House Conservatives Fund

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : 6267443

Amount of Each Disbursement this Period

2500.00

Flores LPAC

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

Candidate Name

CMR Political Action Committee

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : 6267445

Amount of Each Disbursement this Period

2500.00

McMorris Rodgers 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. Rob Woodall for Congress

Mailing Address P.O. Box 1871

City Lawrenceville State GA Zip Code 30046

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rob Woodall

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	4

Transaction ID : 6267446

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Walberg for Congress

Mailing Address P.O. Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Timothy Walberg

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	4

Transaction ID : 6282255

Amount of Each Disbursement this Period

3	6	5	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Moran for Kansas

Mailing Address P.O. Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jerry Moran

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	7		2	1		2	0	1	4

Transaction ID : 6282257

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)..... ▶

7	1	5	0	.	0	0
---	---	---	---	---	---	---

7	1	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. 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: 2014
 Primary General
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : 6282258

Amount of Each Disbursement this Period

5000.00

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

Category/
Type

Candidate Name

Patrick Meehan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Transaction ID : 6282261

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Majority Initiative to Keep Electing Republicans Fund

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Rogers LPAC

011

Category/
Type

Candidate Name

Majority Initiative to Keep Electing Republicans 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
07		21		2014

Transaction ID : 6282263

Amount of Each Disbursement this Period

2500.00

Rogers LPAC

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

10000.00

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. Republican Operation to Secure and Keep a Majority (ROSKAM PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Mailing Address P. O. Box 1011

Transaction ID : 6282264

City State Zip Code
Wheaton IL 60187

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Roskam's LPAC

011
Category/ Type

Candidate Name
Republican Operation to Secure and Keep a Majority (ROSKAM PAC)

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Roskam's LPAC

Full Name (Last, First, Middle Initial)

B. PAC to the Future

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

Mailing Address 430 South Capitol Street, SE
First Floor

Transaction ID : 6282265

City State Zip Code
Washington DC 20003

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Pelosi's LPAC

011
Category/ Type

Candidate Name
PAC to the Future

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Pelosi's LPAC

Full Name (Last, First, Middle Initial)

C. ACTON PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Mailing Address P.O. Box 442

Transaction ID : 6295779

City State Zip Code
Sharpsburg GA 30277

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Westmoreland's LPAC

011
Category/ Type

Candidate Name
ACTON PAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Westmoreland's LPAC

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

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

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary 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. Lead Your Nation Now PAC (LYNN PAC)

Mailing Address P.O. Box 1872

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Jenkins' LPAC

011

Candidate Name

Lead Your Nation Now PAC (LYNN PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2014

Transaction ID : 6295790

Amount of Each Disbursement this Period

1500.00

Jenkins' LPAC

Full Name (Last, First, Middle Initial)

B. Republican Operation to Secure and Keep a Majority (ROSKAM PAC)

Mailing Address P. O. Box 1011

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Roskam's LPAC

011

Candidate Name

Republican Operation to Secure and Keep a Majority (ROSKAM PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2014

Transaction ID : 6295791

Amount of Each Disbursement this Period

2500.00

Roskam's LPAC

Full Name (Last, First, Middle Initial)

C. Free State PAC

Mailing Address P.O. Box 2712
Suite 115

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Moran's LPAC

011

Candidate Name

Free State PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2014

Transaction ID : 6295802

Amount of Each Disbursement this Period

5000.00

Moran's LPAC

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. Steve Fincher for Congress

Mailing Address P.O. Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement

011

Candidate Name

Steve Fincher

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 6295803

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Chris Gibson for Congress

Mailing Address P.O. Box 234

City Saratoga Springs State NY Zip Code 12866

Purpose of Disbursement

011

Candidate Name

Christopher Gibson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 6295804

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Dr. Brian Babin for Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement

011

Candidate Name

Brian Babin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 6295805

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. 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: 2014
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 6295806

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Brian Ellis for Congress

Mailing Address P.O. Box 6568

City Grand Rapids State MI Zip Code 49516

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brian Ellis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 6295808

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Cory Gardner for Senate

Mailing Address 9227 E. Lincoln Ave., #200-234

City Lone Tree State CO Zip Code 80124

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cory Gardner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 6295809

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Blum for Congress

Mailing Address 2728 Asbury Road Suite 400

City State Zip Code
Dubuque IA 52001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rodney Blum

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 6295811

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 6295823

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PAC to the Future

Mailing Address 430 South Capitol Street, SE
First Floor

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Pelosi's LPAC

011

Category/
Type

Candidate Name

PAC to the Future

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
07		28		2014

Transaction ID : 6295826

Amount of Each Disbursement this Period

1500.00

Pelosi's LPAC

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

7500.00

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 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: 2014
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 6295838

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Diana Degette for Congress

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Diana DeGette

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 6295839

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. 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: 2014
 Primary General
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 6295840

Amount of Each Disbursement this Period

5000.00

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Delbene for Congress

Mailing Address P.O. Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement

011

Candidate Name

Rep. Suzan DelBene

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	04	/	2014

Transaction ID : 6306205

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Brian Babin for Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement

011

Candidate Name

Brian Babin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	06	/	2014

Transaction ID : 6312465

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Bonnie Watson Coleman for Congress

Mailing Address 180 Upland Avenue

City Ewing State NJ Zip Code 08638

Purpose of Disbursement

011

Candidate Name

Bonnie Coleman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	06	/	2014

Transaction ID : 6312466

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED 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. Making a Responsible Stand for Households in America PAC

Mailing Address P.O. Box 3241

City State Zip Code
Brentwood TN 37024

Purpose of Disbursement
Marsha Blackburn's PAC

011

Candidate Name
Making a Responsible Stand for Households in America 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	8		0	6		2	0	1	4

Transaction ID : 6312467

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Marsha Blackburn's PAC

Full Name (Last, First, Middle Initial)

B. Giving Us Security PAC

Mailing Address P.O. Box 2485

City State Zip Code
Springfield VA 22152

Purpose of Disbursement
Bilirakis' LPAC

011

Candidate Name
Giving Us Security 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	8		0	6		2	0	1	4

Transaction ID : 6312469

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Bilirakis' LPAC

Full Name (Last, First, Middle Initial)

C. Conservatives Restoring Excellence PAC

Mailing Address P.O. Box 98629

City State Zip Code
Raleigh NC 27624

Purpose of Disbursement
Ellmers' LPAC

011

Candidate Name
Conservatives Restoring Excellence 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	8		0	6		2	0	1	4

Transaction ID : 6312470

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Ellmers' LPAC

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

4	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Taxpayers Incensed by Government Excess and Regulation PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Mailing Address 133 South Harbor Drive South

Transaction ID : 6312471

City Venice State FL Zip Code 34285

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Ross' LPAC

011
Category/ Type

Candidate Name

Taxpayers Incensed by Government Excess and Regulation PAC

Ross' LPAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Ann PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Mailing Address P.O. Box 3535

Transaction ID : 6312472

City Ballwin State MO Zip Code 63022

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Wagner's LPAC

011
Category/ Type

Candidate Name

Ann PAC

Wagner's LPAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. People for Ben

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

Mailing Address P.O. Box 31129

Transaction ID : 6312473

City Santa Fe State NM Zip Code 87594

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

Rep. Ben Lujan Jr.

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NM District: 03

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)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Pascrell for Congress

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement

011

Category/
Type

Candidate Name

William Pascrell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	4

Transaction ID : 6312474

Amount of Each Disbursement this Period

3	6	5	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Paul Tonko for Congress

Mailing Address 911 Central Avenue #221

City Albany State NY Zip Code 12206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Paul Tonko

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	8		0	6		2	0	1	4

Transaction ID : 6312475

Amount of Each Disbursement this Period

3	6	5	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Excelsior PAC

Mailing Address 2470 Daniells Br Rd, Suite 121

City Athens State GA Zip Code 30606

Purpose of Disbursement
Reed's LPAC

011

Category/
Type

Candidate Name

Excelsior 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	8		0	6		2	0	1	4

Transaction ID : 6312476

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Reed's LPAC

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

9	8	0	0	0	0
---	---	---	---	---	---

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

9	8	0	0	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Victory in November Election PAC (VINE PAC)

Mailing Address 607 14th Street NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Thompson's LPAC

011

Category/
Type

Candidate Name

Victory in November Election PAC (VINE PAC)

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2014

Transaction ID : 6312477

Amount of Each Disbursement this Period

5000.00

Thompson's LPAC

Full Name (Last, First, Middle Initial)

B. Friends of Elizabeth Esty

Mailing Address P.O. Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Funds Reported On <Enter Report Name Here>

011

Category/
Type

Candidate Name

Rep. Elizabeth Esty

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2014

Transaction ID : 6312490

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]

Funds Reported On <Enter Report Name Here>

Full Name (Last, First, Middle Initial)

C. Friends of Elizabeth Esty

Mailing Address P.O. Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Re-designated funds for trans. dated 7/28/2014

011

Category/
Type

Candidate Name

Rep. Elizabeth Esty

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2014

Transaction ID : 6312491

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]

Re-designated funds for trans. dated 7/28/2014

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. Young for Iowa, Inc.

Mailing Address P.O. Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement
Void - Young for Iowa, Inc.-did not receive-reissue

Candidate Name

David Young

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2014
 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : 6316247

Amount of Each Disbursement this Period

-5000.00

Void - Young for Iowa, Inc.-did not receive-reissue

Full Name (Last, First, Middle Initial)

B. Young for Iowa, Inc.

Mailing Address P.O. Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement

Candidate Name

David Young

Office Sought: House Senate President
State: IA District: 03

Disbursement For: 2014
 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : 6316248

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Marilinda Garcia for Congress

Mailing Address P.O.Box 821

City Salem State NH Zip Code 03079

Purpose of Disbursement

Candidate Name

Marilinda Garcia

Office Sought: House Senate President
State: NH District: 02

Disbursement For: 2014
 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2014

Transaction ID : 6329712

Amount of Each Disbursement this Period

1500.00

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

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

1500.00

**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. Friends of Erik Paulsen

Mailing Address P.O. Box 44369

City: Eden Prairie State: MN Zip Code: 55344

Purpose of Disbursement

011

Category/
Type

Candidate Name

Erik Paulsen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2014

Transaction ID : 6329713

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. Votetiption.Com

Mailing Address P.O. Box 1582

City: Cortez State: CO Zip Code: 81321

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scott Tipton

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 03

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2014

Transaction ID : 6343850

Amount of Each Disbursement this Period

5000.00

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

Category/
Type

Candidate Name

James Scott

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

MM / DD / YYYY
08 / 20 / 2014

Transaction ID : 6343851

Amount of Each Disbursement this Period

5000.00

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

13500.00

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. Patrice Douglas for Congress

Mailing Address P.O. Box 6271

City Edmond State OK Zip Code 73083

Purpose of Disbursement

011

Category/
Type

Candidate Name

Patrice Douglas

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Runoff2013

State: OK District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	4

Transaction ID : 6343852

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Preserving America's Traditions (PAT PAC)

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Roberts' LPAC

011

Category/
Type

Candidate Name

Preserving America's Traditions (PAT 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	8		2	0		2	0	1	4

Transaction ID : 6343853

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Roberts' LPAC

Full Name (Last, First, Middle Initial)

C. Thom Tillis Committee

Mailing Address P.O. Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thom Tillis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	4

Transaction ID : 6343854

Amount of Each Disbursement this Period

4	0	0	0	.	0	0
---	---	---	---	---	---	---

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

8	0	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

8	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. Conservatives Restoring Excellence PAC

Mailing Address P.O. Box 98629

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Ellmers' LPAC

011

Candidate Name

Conservatives Restoring Excellence 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
08	/	20	/	2014

Transaction ID : 6343855

Amount of Each Disbursement this Period

1500.00

Ellmers' LPAC

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

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2014

Transaction ID : 6343856

Amount of Each Disbursement this Period

1000.00

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

Candidate Name

Rep. Michelle Lujan Grisham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2014

Transaction ID : 6343857

Amount of Each Disbursement this Period

2500.00

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. Pat Roberts for U.S. Senate

Mailing Address Box 433

City State Zip Code
Great Bend KS 67530

Purpose of Disbursement
Void - Pat Roberts for U.S. Senate

011

Candidate Name
Pat Roberts

Category/
Type

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

Transaction ID : 6348858

Amount of Each Disbursement this Period

-2500.00

Void - Pat Roberts for U.S. Senate

Full Name (Last, First, Middle Initial)

B. Joni Ernst for U.S. Senate Inc

Mailing Address P.O. Box 93441

City State Zip Code
Des Moines IA 50393

Purpose of Disbursement

011

Candidate Name
Joni Ernst

Category/
Type

Office Sought: House
 Senate
 President
State: IA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	27	/	2014

Transaction ID : 6367454

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Scott Peters for Congress

Mailing Address P.O. Box 70980

City State Zip Code
Washington DC 20024

Purpose of Disbursement

011

Candidate Name
Rep. Scott Peters

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 52

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	02	/	2014

Transaction ID : 6382726

Amount of Each Disbursement this Period

5000.00

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

7500.00

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. Kyrsten Sinema For Congress

Mailing Address P.O. Box 25879

City State Zip Code
Tempe AZ 85285

Purpose of Disbursement

011

Candidate Name

Rep. Kyrsten Sinema

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : 6382728

Amount of Each Disbursement this Period

5000.00

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

011

Candidate Name

Rep. Suzan DelBene

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : 6382729

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Tim Walz for U.S. Congress

Mailing Address P.O. Box 938

City State Zip Code
Mankato MN 56002

Purpose of Disbursement

011

Candidate Name

Timothy Walz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : 6382730

Amount of Each Disbursement this Period

5000.00

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)

<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: 2014
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : 6382778

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Elizabeth Esty

Mailing Address P.O. Box 61

City State Zip Code
Cheshire CT 06410

Purpose of Disbursement

011

Candidate Name

Rep. Elizabeth Esty

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : 6382988

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. Jenkins for Congress

Mailing Address P.O. Box 727

City State Zip Code
Huntington WV 25711

Purpose of Disbursement

011

Candidate Name

Evan Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : 6382989

Amount of Each Disbursement this Period

5000.00

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

11000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Capito for West Virginia

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement

011

Category/
Type

Candidate Name

Shelley Capito

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	02	/	2014

Transaction ID : 6382990

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Ann Wagner for Congress

Mailing Address P.O. Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ann Wagner

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	02	/	2014

Transaction ID : 6382991

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Stutzman for Congress

Mailing Address P.O. Box 129

City Howe State IN Zip Code 46746

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Marlin Stutzman

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	02	/	2014

Transaction ID : 6382992

Amount of Each Disbursement this Period

1000.00

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. 21st Century Majority Fund

Mailing Address 6065 Roswell Rd.
#2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
Isakson's LPAC

011

Candidate Name

21st Century Majority Fund

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
09		02		2014

Transaction ID : 6382993

Amount of Each Disbursement this Period

2500.00

Isakson's LPAC

Full Name (Last, First, Middle Initial)

B. Adrian Smith for Congress

Mailing Address 3321 Avenue I
Suite 6

City Scottsbluff State NE Zip Code 69361

Purpose of Disbursement

011

Candidate Name

Adrian Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : 6382994

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Udall for Colorado

Mailing Address P.O. Box 40158

City Denver State CO Zip Code 80204

Purpose of Disbursement

011

Candidate Name

Mark Udall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : 6382995

Amount of Each Disbursement this Period

5000.00

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. Jim Renacci for Congress

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement

011

Category/
Type

Candidate Name

James Renacci

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

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

Transaction ID : 6382996

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Steve Israel for Congress Committee

Mailing Address P.O.Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement

011

Category/
Type

Candidate Name

Steve Israel

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

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

Transaction ID : 6382997

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Perdue for Senate

Mailing Address 3110 Maple Drive Ne
Suite 400

City Atlanta State GA Zip Code 30305

Purpose of Disbursement

011

Category/
Type

Candidate Name

David Perdue

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

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

Transaction ID : 6382998

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

8	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

8	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)

Grid for line numbers 21b through 30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. McKinley for Congress

Mailing Address P.O. Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement

011

Candidate Name

David McKinley

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2014 [] Primary [X] General [] Other (specify)

State: WV District: 01

Date of Disbursement

Date grid showing 09 / 02 / 2014

Transaction ID : 6382999

Amount of Each Disbursement this Period

Amount grid showing 4000.00

Full Name (Last, First, Middle Initial)

B. Peace Through Strength PAC

Mailing Address 499 S. Capitol St. SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement Hunter's LPAC

011

Candidate Name

Peace Through Strength PAC

Category/Type

Office Sought: [] House [] Senate [] President

Disbursement For: [] Primary [] General [] Other (specify)

State: District:

Date of Disbursement

Date grid showing 09 / 02 / 2014

Transaction ID : 6383000

Amount of Each Disbursement this Period

Amount grid showing 2500.00

Hunter's LPAC

Full Name (Last, First, Middle Initial)

C. 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 [X] Senate [] President

Disbursement For: 2016 [X] Primary [] General [] Other (specify)

State: KS District:

Date of Disbursement

Date grid showing 09 / 02 / 2014

Transaction ID : 6383001

Amount of Each Disbursement this Period

Amount grid showing 2000.00

SUBTOTAL of Disbursements This Page (optional).....

Subtotal grid showing 8500.00

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

Total grid showing 8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Scott for Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement

011

Category/Type

Candidate Name

Sen. Tim Scott

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2014

Transaction ID : 6383002

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. John Chapman for Congress

Mailing Address 138 Conant Street
C/O Red Curve Solutions

City Beverly State MA Zip Code 01915

Purpose of Disbursement

011

Category/Type

Candidate Name

John Chapman

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: MA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2014

Transaction ID : 6407356

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mike Bishop for Congress

Mailing Address P.O. Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement

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

MM / DD / YYYY
09 / 12 / 2014

Transaction ID : 6407393

Amount of Each Disbursement this Period

2500.00

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. Trott for Congress, Inc.

Mailing Address 2085 E. West Maple Road
A-101

City Commerce State MI Zip Code 48390

Purpose of Disbursement

011

Category/
Type

Candidate Name

David Trott

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : 6407394

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Moolenaar for Congress

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Category/
Type

Candidate Name

John Moolenaar

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : 6407395

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Nan Hayworth

Mailing Address P.O. Box 394

City Fishkill State NY Zip Code 12524

Purpose of Disbursement

011

Category/
Type

Candidate Name

Nan Hayworth

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : 6407406

Amount of Each Disbursement this Period

5000.00

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

10000.00

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. Johnson for Congress

Mailing Address P.O. Box 14496

City Poland State OH Zip Code 22301

Purpose of Disbursement

011

Candidate Name

Bill Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

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

Transaction ID : 6407407

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Bilirakis for Congress

Mailing Address P.O. Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

011

Candidate Name

Gus Bilirakis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

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

Transaction ID : 6407408

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

Candidate Name

Sam Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

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

Transaction ID : 6407409

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

5	0	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. 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: 2014
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : 6407410

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. 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: 2014
 Primary General
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : 6407411

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Excelsior PAC

Mailing Address 2470 Daniells Br Rd, Suite 121

City Athens State GA Zip Code 30606

Purpose of Disbursement
Reed's LPAC

011

Category/
Type

Candidate Name

Excelsior 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
09		12		2014

Transaction ID : 6407412

Amount of Each Disbursement this Period

2500.00

Reed's LPAC

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

10000.00

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. Common Values PAC

Mailing Address 406 Virginia Ave

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Barasso'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	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	4

Transaction ID : 6407413

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Barasso's LPAC

Full Name (Last, First, Middle Initial)

B. Shaheen for Senate

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jeanne Shaheen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

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

Transaction ID : 6407415

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. 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: 2014
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

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

Transaction ID : 6407416

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	2	5	0	0	0	0	0	0	0
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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. Perlmutter for Congress

Mailing Address 3440 Youngfield Street

City State Zip Code
Wheat Ridge CO 80033

Purpose of Disbursement

011

Category/
Type

Candidate Name

Edwin Perlmutter

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2014

Transaction ID : 6407417

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Tim Bishop for Congress

Mailing Address P.O. Box 437

City State Zip Code
Farmingville NY 11738

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tim Bishop

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2014

Transaction ID : 6407418

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Van Hollen for Congress

Mailing Address 10605 Concord Street
Suite 202

City State Zip Code
Kensington MD 20895

Purpose of Disbursement

011

Category/
Type

Candidate Name

Chris Van Hollen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 00

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2014

Transaction ID : 6407419

Amount of Each Disbursement this Period

2000.00

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

9500.00

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. Carper for U.S. Senate

Mailing Address P.O. Box 2882

City State Zip Code
Wilmington DE 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thomas Carper

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : 6407420

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Aimee Belgard for Congress

Mailing Address P.O. Box 35

City State Zip Code
Willingboro NJ 08046

Purpose of Disbursement

011

Category/
Type

Candidate Name

Aimee Belgard

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : 6407437

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Boehner for Speaker

Mailing Address 320 First St. SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
Boehner's 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
09		12		2014

Transaction ID : 6407745

Amount of Each Disbursement this Period

1000.00

Boehner's JFC

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. Marilinda Garcia for Congress

Mailing Address P.O.Box 821

City Salem State NH Zip Code 03079

Purpose of Disbursement

011

Category/
Type

Candidate Name

Marilinda Garcia

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : 6420149

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Donald Norcross for Congress

Mailing Address P.O. Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement

011

Category/
Type

Candidate Name

Donald Norcross

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : 6420150

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Ben Sasse for U.S. Senate Inc

Mailing Address 105 East 6th Street

City Fremont State NE Zip Code 68025

Purpose of Disbursement

011

Category/
Type

Candidate Name

Benjamin Sasse

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NE District:

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2014

Transaction ID : 6420153

Amount of Each Disbursement this Period

5000.00

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

11500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Devin Nunes Campaign Committee

Mailing Address P.O. Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

011

Category/
Type

Candidate Name

Devin Nunes

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	4

Transaction ID : 6420154

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Freedom Project, The

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Boehner's LPAC

011

Category/
Type

Candidate Name

Freedom Project, The

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

Transaction ID : 6449048

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Boehner's LPAC

Full Name (Last, First, Middle Initial)

C. Becerra for Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90074

Purpose of Disbursement

011

Category/
Type

Candidate Name

Xavier Becerra

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

Transaction ID : 6449050

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9	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. Hoyer's Majority Fund

Mailing Address 700 13th Street NW
Ste 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Hoyer's JFC

Candidate Name

Hoyer's Majority Fund

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

Transaction ID : 6449051

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Hoyer's JFC

Full Name (Last, First, Middle Initial)

B. Daniel Webster for Congress

Mailing Address 3400 Old Winter Garden Road

City Orlando State FL Zip Code 32805

Purpose of Disbursement

Candidate Name

Daniel Webster

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

Transaction ID : 6449055

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. SILK PAC

Mailing Address P.O. Box 286

City Caldwell State NJ Zip Code 07006

Purpose of Disbursement
Pascrell's LPAC

Candidate Name

SILK 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	9		2	6		2	0	1	4

Transaction ID : 6449056

Amount of Each Disbursement this Period

5	0	0	.	0	0
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Pascrell's LPAC

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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**SCHEDULE B (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. Djou Hawaii

Mailing Address P.O. Box 235280

City Honolulu State HI Zip Code 96823

Purpose of Disbursement

011

Category/
Type

Candidate Name

Charles Djou

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: HI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

Transaction ID : 6449059

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Joe Wilson for Congress Committee

Mailing Address P.O. Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joe Wilson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

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

Transaction ID : 6450046

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Buck for Colorado

Mailing Address P.O. Box 338108

City Greeley State CO Zip Code 80633

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kenneth Buck

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

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

Transaction ID : 6450047

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

1	0	0	0	.	0	0
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2	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. Wells PAC

Mailing Address 2470 Daniels Bridge Rd
Suite 121

City Athens State GA Zip Code 30606

Purpose of Disbursement
Scott's LPAC

Candidate Name
Wells PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 6453720

Amount of Each Disbursement this Period

Scott's LPAC

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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. 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6283008

Amount of Each Disbursement this Period

Legal Expense Contribution

Full Name (Last, First, Middle Initial)

B. The Gula Graham Group

Mailing Address 499 S Capitol St S.W. Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
7-16-14 Tim Walberg Lunch (Walberg for Congress)

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6310847

Amount of Each Disbursement this Period

7-16-14 Tim Walberg Lunch (Walberg for Congress)

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 E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00343137 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Mammen Group, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">08 / 18 / 2014</div>	
Mailing Address 1901 L Street, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">53784.50</div>	
City Washington	State DC	Zip Code 20036	Transaction ID : 6320616
Purpose of Expenditure 3 weeks of radio in Tucson Market	Category/Type <div style="border: 1px solid black; padding: 2px;">011</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">08 / 08 / 2014</div>	
Name of Federal Candidate Ronald Barber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">92462.38</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Mammen Group, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">08 / 18 / 2014</div>	
Mailing Address 1901 L Street, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">56368.40</div>	
City Washington	State DC	Zip Code 20036	Transaction ID : 6320623
Purpose of Expenditure 3 weeks of radio in Augusta & Savannah M	Category/Type <div style="border: 1px solid black; padding: 2px;">011</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">08 / 08 / 2014</div>	
Name of Federal Candidate John Barrow		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>12</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">91882.44</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	110152.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William J. Robb III, MD

Signature _____ [Electronically Filed] Date MM / DD / YYYY
10 / 07 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00343137 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Mammen Group, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 21 / 2014	
Mailing Address 1901 L Street, N.W.		Amount 19146.44	
City Washington	State DC	Zip Code 20036	Transaction ID : 6320822
Purpose of Expenditure 'Barber-Choose Your Doctor'	Category/Type 011	Date of Disbursement or Obligation MM / DD / YYYY 08 / 08 / 2014	
Name of Federal Candidate Ronald Barber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought 92462.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mammen Group, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1901 L Street, N.W.		Amount 19531.44	
City Washington	State DC	Zip Code 20036	Transaction ID : 6321267
Purpose of Expenditure 'Barber-Veteran'	Category/Type 011	Date of Disbursement or Obligation MM / DD / YYYY 08 / 08 / 2014	
Name of Federal Candidate Ronald Barber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought 92462.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	38677.88
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William J. Robb III, MD

Signature _____ [Electronically Filed] Date MM / DD / YYYY
10 / 07 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS		FEC IDENTIFICATION NUMBER ▼ C C00343137
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee Mammen Group, Inc		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 21 / 2014	
Mailing Address 1901 L Street, N.W.		Amount 17757.02	
City Washington	State DC	Zip Code 20036	Transaction ID : 6321526
Purpose of Expenditure 'Barrow-Independent Voice'	Category/Type 011	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 08 / 2014	
Name of Federal Candidate John Barrow		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 91882.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mammen Group, Inc		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 01 / 2014	
Mailing Address 1901 L Street, N.W.		Amount 17757.02	
City Washington	State DC	Zip Code 20036	Transaction ID : 6321533
Purpose of Expenditure 'Barrow-Values'	Category/Type 011	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 08 / 2014	
Name of Federal Candidate John Barrow		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 91882.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	35514.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	184344.82

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

William J. Robb III, MD

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 07 / 2014