

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 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 M M / D D / Y Y Y Y Y Y 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: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
92462.38			

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 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 M M / D D / Y Y Y Y Y Y 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: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
92462.38			

(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 M M / D D / Y Y Y Y Y Y
10 / 07 / 2014