

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

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

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00343137

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on [MM/DD/YYYY] in the State of []

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on [MM/DD/YYYY] in the State of []

5. Covering Period 07/01/2019 through 12/31/2019

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

Lundy, W, , Douglas, MD, MBA

Type or Print Name of Treasurer

Signature of Treasurer Lundy, W, , Douglas, MD, MBA [Electronically Filed] Date 01/26/2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2019"/> | | 455457.72 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 595334.18 | |
| (c) Total Receipts (from Line 19) | 331723.77 | 1228654.98 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 927057.95 | 1684112.70 |
| 7. Total Disbursements (from Line 31)..... | 370824.20 | 1127878.95 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 556233.75 | 556233.75 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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)..... | 295780.98 | 1065744.44 |
| (ii) Unitemized | 24771.32 | 127684.90 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 320552.30 | 1193429.34 |
| (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) | 320552.30 | 1193429.34 |
| 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)..... | 8589.77 | 27523.06 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 2500.00 | 2500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 81.70 | 5202.58 |
| 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)).....▶ | 331723.77 | 1228654.98 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 331723.77 | 1228654.98 |

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 | 9324.20 | 28878.95 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 9324.20 | 28878.95 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 336500.00 | 1069650.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 4350.00 |
| (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 | 4350.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 25000.00 | 25000.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 370824.20 | 1127878.95 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 370824.20 | 1127878.95 |

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 320552.30 | 1193429.34 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 4350.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 320552.30 | 1189079.34 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 9324.20 | 28878.95 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 8589.77 | 27523.06 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 734.43 | 1355.89 |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. Cassidy, Carter, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4890 Faulkirk Lane
 City Lexington State KY Zip Code 40515-1177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Res Program Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 07 / 01 / 2019
Transaction ID : 10200410
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Ellis, Henry, Bone, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2945 Stanford Ave
 City Dallas State TX Zip Code 75225-7802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 01 / 2019
Transaction ID : 10200411
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Reed, Lori, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Klaas Boulevard
 City Madison State MS Zip Code 39110-9118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Mississippi Medical Cent Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 01 / 2019
Transaction ID : 10200412
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 253.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 495 |
| | <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. Bailey, James, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10439 Blue Summit Court
 City San Diego State CA Zip Code 92131-6113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt **07 / 01 / 2019**
Transaction ID : 10200413
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Mather, Richard, C, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Watts St
 City Durham State NC Zip Code 27701-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt **07 / 02 / 2019**
Transaction ID : 10202492
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Uppal, Renny, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt **07 / 02 / 2019**
Transaction ID : 10202493
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 210.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Casey, Brett, Edward, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 249 Country Club Dr

| | | |
|---------------|-------------|------------------------|
| City Houma | State LA | Zip Code 70360-7576 |
|---------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 02 | | 2019 |

Transaction ID : 10202494

Amount of Each Receipt this Period
250.00

Memo Item

B. Wyatt, Ronald, W B, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Kaiser Permanente | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 03 | | 2019 |

Transaction ID : 10203319

Amount of Each Receipt this Period
100.00

Memo Item

C. Schmitz, Miguel, Antonio, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8624 E Maringo Dr

| | | |
|-----------------|-------------|------------------------|
| City Spokane | State WA | Zip Code 99212-1845 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Alpine Orthopaedic and Spine PC | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 03 | | 2019 |

Transaction ID : 10203320

Amount of Each Receipt this Period
375.00

Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 495 |
| <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. Anderson, Robert, O, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9800 55th St N
 City Lake Elmo State MN Zip Code 55042-8598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Summit Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 03 / 2019**
Transaction ID : 10203548
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Santore, Richard, F, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 7016
 City Rancho Santa Fe State CA Zip Code 92067-7016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sharp Healthcare Hip Preservation Cent Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt **07 / 04 / 2019**
Transaction ID : 10203902
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Mosley, Emmett, Wayne, , MD, FAAOS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 Crescent Hills Way
 City Lakeland State FL Zip Code 33813-4675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt **07 / 04 / 2019**
Transaction ID : 10203903
 Amount of Each Receipt this Period 84.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Smith, Eric, Louis, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Boston Medical Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
608.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 04 | | 2019 |

Transaction ID : 10203904

Amount of Each Receipt this Period
84.00

Memo Item

B. Jennings, Randall, W, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1925 Roosevelt St

| | | |
|--------------------|-------------|------------------------|
| City North Bend | State OR | Zip Code 97459-1819 |
|--------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) North Bend Medical Center | Occupation (for Individual) 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 | | 04 | | 2019 |

Transaction ID : 10203905

Amount of Each Receipt this Period
84.00

Memo Item

C. Lintecum, Neal, D, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 789 N 1500 Road

| | | |
|------------------|-------------|------------------------|
| City Lawrence | State KS | Zip Code 66049-9194 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 05 | | 2019 |

Transaction ID : 10203910

Amount of Each Receipt this Period
200.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 368.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Wynder, Steven, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Parkview Ortho Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 05 / 2019
Transaction ID : 10203911
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Gillespy, Albert, W, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 790 John Anderson Dr
 City Ormond Beach State FL Zip Code 32176-4708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 05 / 2019
Transaction ID : 10203912
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Schmale, Gregory, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6515 126th Ave NE
 City Kirkland State WA Zip Code 98033-8569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 05 / 2019
Transaction ID : 10203913
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1168.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Cooper, Scott, Snow, , MD,FAOS

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

Mailing Address 405 NW A St

| | | |
|---------------------|-------------|------------------------|
| City Bentonville | State AR | Zip Code 72712-5216 |
|---------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Mercy Clinic Orthopedics | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 05 | | 2019 |

Transaction ID : 10203914

Amount of Each Receipt this Period
84.00

Memo Item

B. Green, Daniel, William, , MD,FAOS

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

Mailing Address Hospital for Special Surgery
535 East 70th St

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10021-4823 |
|------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Hosp for Special Surgery | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1225.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 07 | | 2019 |

Transaction ID : 10204422

Amount of Each Receipt this Period
175.00

Memo Item

c. Maender, Christopher, W, , MD, FAOS

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

Mailing Address 4509 Turtle Bay

| | | |
|---------------------|-------------|------------------------|
| City Springfield | State IL | Zip Code 62711-7891 |
|---------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 07 | | 2019 |

Transaction ID : 10204423

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 509.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Kiner, Dirk, W, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 438 Oliver Street

| | | |
|---------------------|-------------|------------------------|
| City Chattanooga | State TN | Zip Code 37405-4020 |
|---------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 07 | | 2019 |

Transaction ID : 10204424

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 5236 Rockport Landing

| | | |
|-----------------|-------------|------------------------|
| City Suffolk | State VA | Zip Code 23435-3518 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Tidewater Orthopaedic Assoc | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 08 | | 2019 |

Transaction ID : 10204426

Amount of Each Receipt this Period
84.00

Memo Item

C. Szczech, Bartlomiej, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 89 Intervale Way

| | | |
|---------------------|-------------|------------------------|
| City Lake Placid | State NY | Zip Code 12946-3240 |
|---------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) St Joseph's Hospital Med Ctr | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 08 | | 2019 |

Transaction ID : 10204427

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 268.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Clain, Michael, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Indian Head Rd
 City Riverside State CT Zip Code 06878-2403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **588.00**

Date of Receipt **07 / 09 / 2019**
Transaction ID : 10206084
 Amount of Each Receipt this Period **84.00**
 Memo Item

B. Mess, Charles, Francis, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12470 Petrillo Dr
 City Highland State MD Zip Code 20777-9567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 03 / 2019**
Transaction ID : 10206120
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Lucie, R, Stephen, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3935 Ortega Blvd
 City Jacksonville State FL Zip Code 32210-4417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jacksonville Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 03 / 2019**
Transaction ID : 10206122
 Amount of Each Receipt this Period **900.00**
 Memo Item

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1234.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 1579 Winterwood Drive

| | | |
|----------------------|-------------|------------------------|
| City Grand Rapids | State MI | Zip Code 49525-3444 |
|----------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Orthopaedic Assoc of MI | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 03 | | 2019 |

Transaction ID : 10206181

Amount of Each Receipt this Period
250.00

Memo Item

B. Dennis, Thomas, R, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 Lubrano Dr Suite 301

| | | |
|-------------------|-------------|------------------------|
| City Annapolis | State MD | Zip Code 21401-7028 |
|-------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Annapolis Hand Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 03 | | 2019 |

Transaction ID : 10206244

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1164 Ocean Blvd

| | | |
|-------------|-------------|------------------------|
| City Rye | State NH | Zip Code 03870-2835 |
|-------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 03 | | 2019 |

Transaction ID : 10206245

Amount of Each Receipt this Period
500.00

Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 495 |
| | <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. Weiss, William, David, , MD, FAAOS

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

Mailing Address 2906 Pointe Dr

| | | |
|---------------------|-------------|------------------------|
| City Gainesville | State GA | Zip Code 30506-1751 |
|---------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Specialty Clinics of GA-Orthopaedics, | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2019

Transaction ID : 10206247

Amount of Each Receipt this Period
250.00

Memo Item

B. Bernard, Johnathan, , , MD, MPH, F

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

Mailing Address 13350 Franklin Farm Road Suite 220

| | | |
|-----------------|-------------|------------------------|
| City Herndon | State VA | Zip Code 20171-4095 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) National Sports Medicine Institute | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2019

Transaction ID : 10206463

Amount of Each Receipt this Period
84.00

Memo Item

C. Dodds, Julie, A, , MD, FAAOS

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

Mailing Address 2900 Hannah Blvd Ste 212

| | | |
|----------------------|-------------|------------------------|
| City East Lansing | State MI | Zip Code 48823-5382 |
|----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2019

Transaction ID : 10206464

Amount of Each Receipt this Period
84.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Goldberg, Steven, Scott, , MD, FAAOS

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

Mailing Address 5867 Whisperwood Ct

| | | |
|----------------|-------------|------------------------|
| City Naples | State FL | Zip Code 34110-2301 |
|----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Physicians Regional Medical Center - P | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 10 | | 2019 |

Transaction ID : 10206470

Amount of Each Receipt this Period
1000.00

Memo Item

B. Gill, John, T, , MD, FAAOS

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

Mailing Address 8230 Walnut Hill Lane Suite 708

| | | |
|----------------|-------------|------------------------|
| City Dallas | State TX | Zip Code 75231-4431 |
|----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 11 | | 2019 |

Transaction ID : 10206776

Amount of Each Receipt this Period
250.00

Memo Item

C. Balach, Tessa, , , MD, FAAOS

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

Mailing Address 27 N Aberdeen Street Apt 3S

| | | |
|-----------------|-------------|------------------------|
| City Chicago | State IL | Zip Code 60607-2090 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) The University of Chicago | Occupation (for Individual) Associate Professor |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 11 | | 2019 |

Transaction ID : 10206777

Amount of Each Receipt this Period
125.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1375.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Cohen, Nathaniel, P., MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15294 Via Palomino
 City Monte Sereno State CA Zip Code 95030-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoNorCal Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **07 / 11 / 2019**
Transaction ID : 10206778
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kelly, James, D., II, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3838 California Street Suite 715
 City San Francisco State CA Zip Code 94118-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **07 / 11 / 2019**
Transaction ID : 10206787
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Braaton, Paul, J., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1335 Coffee Rd Ste 100
 City Modesto State CA Zip Code 95355-3192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt **07 / 11 / 2019**
Transaction ID : 10206789
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 834.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Pushkin, Gary, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 Greenway
 City Baltimore State MD Zip Code 21218-1133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cohen & Pushkin MD PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 11 / 2019
Transaction ID : 10207753
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Braaton, Paul, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1335 Coffee Rd Ste 100
 City Modesto State CA Zip Code 95355-3192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 11 / 2019
Transaction ID : 10207754
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Urban, Joshua, Aaron, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9330 N 225th St
 City Elkhorn State NE Zip Code 68022-3600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoNebraska Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 10 / 2019
Transaction ID : 10207781
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 834.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Thompson, Michael, Andrew, , MD, FAAOS

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

Mailing Address 25005 Farnam Circle

| | | |
|------------------|-------------|------------------------|
| City Waterloo | State NE | Zip Code 68069-4694 |
|------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) OrthoNebraska | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 10 | | 2019 |

Transaction ID : 10207782

Amount of Each Receipt this Period
500.00

Memo Item

B. Thompson, Michael, C, , MD, FAAOS

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

Mailing Address 21925 Stanford Circle

| | | |
|-----------------|-------------|------------------------|
| City Elkhorn | State NE | Zip Code 68022-2234 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) OrthoNebraska | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 10 | | 2019 |

Transaction ID : 10207783

Amount of Each Receipt this Period
500.00

Memo Item

c. Singer, William, Stuart, , MD,FAAOS

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

Mailing Address 10410 N 84th St

| | | |
|---------------|-------------|------------------------|
| City Omaha | State NE | Zip Code 68122-4006 |
|---------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) OrthoNebraska | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 10 | | 2019 |

Transaction ID : 10207784

Amount of Each Receipt this Period
500.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 495 |
| | <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. Reynolds, Scott, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1408 N 187th St
 City Elkhorn State NE Zip Code 68022-3072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoNebraska Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2019
Transaction ID : 10207785
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. O'Neil, Michael, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2725 S 144th St Ste 110
 City Omaha State NE Zip Code 68144-5253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoNebraska Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2019
Transaction ID : 10207786
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Hutton, Kirk, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2725 S 144th St Ste 212
 City Omaha State NE Zip Code 68144-5253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoNebraska Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2019
Transaction ID : 10207787
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Hansen, Craig, Leonard, , MD, FAAOS

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

Mailing Address 21919 Meadowview Pkwy

| | | |
|------------------------|-------------|------------------------|
| City Council Bluffs | State IA | Zip Code 51503-8532 |
|------------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Orthwest PC | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 10 | | 2019 |

Transaction ID : 10207788

Amount of Each Receipt this Period
500.00

Memo Item

B. Hagan, Steven, V, , MD, FAAOS

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

Mailing Address 2629 S 96 Circle

| | | |
|---------------|-------------|------------------------|
| City Omaha | State NE | Zip Code 68124-1948 |
|---------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) OrthoNebraska | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 10 | | 2019 |

Transaction ID : 10207789

Amount of Each Receipt this Period
500.00

Memo Item

C. Goebel, Mark, E, , MD, FAAOS

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

Mailing Address 409 South 251st Street

| | | |
|------------------|-------------|------------------------|
| City Waterloo | State NE | Zip Code 68069-4678 |
|------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) OrthoNebraska | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 10 | | 2019 |

Transaction ID : 10207790

Amount of Each Receipt this Period
500.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 495 |
| | <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. Goebel, Steven, X, , MD, FAAOS

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

Mailing Address 5316 Izard St

| | | |
|---------------|-------------|------------------------|
| City Omaha | State NE | Zip Code 68132-2143 |
|---------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) OrthoNebraska | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2019

Transaction ID : 10207791

Amount of Each Receipt this Period
500.00

Memo Item

B. Ferlic, Thomas, Patrick, , MD, FAAOS

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

Mailing Address Nebraska Ortho Assoc
2725 S 144th St Ste 110

| | | |
|---------------|-------------|------------------------|
| City Omaha | State NE | Zip Code 68144-5253 |
|---------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) OrthoNebraska | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2019

Transaction ID : 10207792

Amount of Each Receipt this Period
500.00

Memo Item

C. Canedy, James, T, , MD, FAAOS

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

Mailing Address 448 South 82nd St

| | | |
|---------------|-------------|------------------------|
| City Omaha | State NE | Zip Code 68114-4408 |
|---------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) OrthoNebraska | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2019

Transaction ID : 10207793

Amount of Each Receipt this Period
500.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Buzzell, Jonathan, E, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2725 S 144th St Ste 212

| | | |
|---------------|-------------|------------------------|
| City Omaha | State NE | Zip Code 68144-5253 |
|---------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) OrthoNebraska | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 10 | | 2019 |

Transaction ID : 10207794

Amount of Each Receipt this Period
500.00

Memo Item

B. Burt, Charles, F, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2725 S 144th St Ste 212

| | | |
|---------------|-------------|------------------------|
| City Omaha | State NE | Zip Code 68144-5253 |
|---------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) OrthoNebraska | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 10 | | 2019 |

Transaction ID : 10207795

Amount of Each Receipt this Period
500.00

Memo Item

C. Bruggeman, Nicholas, Benjamin, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22626 Atwood Ave

| | | |
|-----------------|-------------|------------------------|
| City Elkhorn | State NE | Zip Code 68022-3147 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) OrthoNebraska | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 10 | | 2019 |

Transaction ID : 10207796

Amount of Each Receipt this Period
500.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 495 |
| | <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. Brown, David, E, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16711 Elm Cir
 City Omaha State NE Zip Code 68130-2052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoNebraska Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 10 / 2019
Transaction ID : 10207797
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Arnold, Ryan, M, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2453 S 191 Circle
 City Omaha State NE Zip Code 68130-2921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoNebraska Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 10 / 2019
Transaction ID : 10207798
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Pushkarewicz, Michael, J, , MD, FAOS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 Braken Ave
 City Wilmington State DE Zip Code 19808-4399
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First State Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 12 / 2019
Transaction ID : 10207929
 Amount of Each Receipt this Period 42.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1042.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Winston, Jonathan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4534 Shadowbrook Court
 City Bettendorf State IA Zip Code 52722-6585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 12 / 2019
Transaction ID : 10207931
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Marinello, Patrick, Gaetano, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 Bradhaven Rd
 City Slingerlands State NY Zip Code 12159-9369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 12 / 2019
Transaction ID : 10207932
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Krueger, Chad, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Seton Dr
 City Shrewsbury State MA Zip Code 01545-5468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 608.00

Date of Receipt 07 / 13 / 2019
Transaction ID : 10208530
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Gallant, Gregory, G, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3588 Wellsford Lane

| | | |
|--------------------|-------------|------------------------|
| City Doylestown | State PA | Zip Code 18902-1480 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 13 | | 2019 |

Transaction ID : 10208531

Amount of Each Receipt this Period
83.33

Memo Item

B. Schmitz, Miguel, Antonio, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8624 E Maringo Dr

| | | |
|-----------------|-------------|------------------------|
| City Spokane | State WA | Zip Code 99212-1845 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Alpine Orthopaedic and Spine PC | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 13 | | 2019 |

Transaction ID : 10208535

Amount of Each Receipt this Period
625.00

Memo Item

C. Courtney, Paul, Maxwell, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 902 S Front St

| | | |
|----------------------|-------------|------------------------|
| City Philadelphia | State PA | Zip Code 19147-4304 |
|----------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Rothman Institute | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
588.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 14 | | 2019 |

Transaction ID : 10208539

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 792.33 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 495 |
| | <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. Hussain, Suleman, M, , MD, FAAOS

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

Mailing Address 6817 Still Creek Pass

| | | |
|--------------------|-------------|------------------------|
| City Bettendorf | State IA | Zip Code 52722-7567 |
|--------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) ORA | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2019

Transaction ID : 10215697

Amount of Each Receipt this Period
84.00

Memo Item

B. Weinstein, Richard, N, , MD, FAAOS

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

Mailing Address 21 Long Pond Rd

| | | |
|----------------|-------------|------------------------|
| City Armonk | State NY | Zip Code 10504-2626 |
|----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2019

Transaction ID : 10215698

Amount of Each Receipt this Period
250.00

Memo Item

C. Olin, Matthew, David, , MD, FAAOS

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

Mailing Address 7 Northline Place

| | | |
|--------------------|-------------|------------------------|
| City Greensboro | State NC | Zip Code 27410-4843 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2019

Transaction ID : 10215699

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Jamison, James, P, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7092 Killdeer Drive

| | | |
|------------------|-------------|------------------------|
| City Canfield | State OH | Zip Code 44406-9181 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 16 | | 2019 |

Transaction ID : 10215700

Amount of Each Receipt this Period
250.00

Memo Item

B. Smith, Jeffrey, Mark, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 San Elijo St

| | | |
|-------------------|-------------|------------------------|
| City San Diego | State CA | Zip Code 92106-3414 |
|-------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) UNITE Orthopaedics Foundation | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 16 | | 2019 |

Transaction ID : 10215701

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 14912 Chopine Pass

| | | |
|-----------------|-------------|------------------------|
| City Roanoke | State IN | Zip Code 46783-9308 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
595.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 16 | | 2019 |

Transaction ID : 10215702

Amount of Each Receipt this Period
85.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 585.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Grimm, Matthew, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Avenue B
 City Marrero State LA Zip Code 70072-3112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 16 / 2019
Transaction ID : 10215703
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Battaglia, Michael, Jacob, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1641 Windermere Dr E
 City Seattle State WA Zip Code 98112-3737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bellevue Bone & Joint Physicians Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 16 / 2019
Transaction ID : 10215704
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kwok, Moody, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 Presidential Dr
 City Horsham State PA Zip Code 19044-1110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 17 / 2019
Transaction ID : 10217339
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Greene, Robert, Neil, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 N 16th Ave
 City Yakima State WA Zip Code 98902-1347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00

Date of Receipt **07 / 17 / 2019**
Transaction ID : 10217340
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Coates, Kevin, E, , MD, MBA, M
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5651 Goldenberry Ct
 City Winston Salem State NC Zip Code 27106-9840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Baptist Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt **07 / 17 / 2019**
Transaction ID : 10217341
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Bettin, Clayton, Charles, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5047 Shady Hall Ct
 City Memphis State TN Zip Code 38117-1519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 291.69

Date of Receipt **07 / 16 / 2019**
Transaction ID : 10217890
 Amount of Each Receipt this Period 41.67
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 375.67 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Calandrucchio, James, H, , MD, FAAOS

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

Mailing Address Campbell Clinic
1400 S Germantown Rd

City Germantown State TN Zip Code 38138-2205

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

Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 16 / 2019

Transaction ID : 10217891

Amount of Each Receipt this Period 41.67

Memo Item

B. Cannon, David, L, , MD,MBA,FAA

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

Mailing Address 2639 Fox Hill Circle East

City Germantown State TN Zip Code 38139-6817

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

Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 608.00

Date of Receipt 07 / 16 / 2019

Transaction ID : 10217892

Amount of Each Receipt this Period 84.00

Memo Item

C. Crockarell, John, R, , Jr, MD, FA

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

Mailing Address 1458 W Poplar Ave
Ste 100

City Collierville State TN Zip Code 38017-0630

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

Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 16 / 2019

Transaction ID : 10217893

Amount of Each Receipt this Period 41.67

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 167.34

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

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 219 LaGrange Creek Dr

| | | |
|--------------|-------------|------------------------|
| City Eads | State TN | Zip Code 38028-8015 |
|--------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 16 | | 2019 |

Transaction ID : 10217895

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 6422 Massey Estates Cove

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38120-1403 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 16 | | 2019 |

Transaction ID : 10217896

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 1458 W Poplar #100

| | | |
|----------------------|-------------|------------------------|
| City Collierville | State TN | Zip Code 38017-0630 |
|----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
291.69

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 16 | | 2019 |

Transaction ID : 10217897

Amount of Each Receipt this Period
41.67

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.01 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Heck, Robert, Kurt, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4938 Barfield Rd
 City Memphis State TN Zip Code 38117-2704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 16 / 2019
Transaction ID : 10217898
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Kelly, Derek, Michael, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 256 Brenrich Cove
 City Memphis State TN Zip Code 38117-2834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 16 / 2019
Transaction ID : 10217899
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Mihalko, Marc, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4079 Barfield Road
 City Memphis State TN Zip Code 38117-1501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 16 / 2019
Transaction ID : 10217904
 Amount of Each Receipt this Period 41.67
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.01 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (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 495 |
| | <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. Miller, Robert, H, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 St Albans Fairway
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic 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
 07 / 16 / 2019
Transaction ID : 10217905
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Murphy, Garnett, Andrew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic
 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2019
Transaction ID : 10217906
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Perez, Edward, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 Saint Nick Dr
 City Memphis State TN Zip Code 38117-4118
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2019
Transaction ID : 10217907
 Amount of Each Receipt this Period
 41.67
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 133.34 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Richardson, David, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 636 Center Dr
 City Memphis State TN Zip Code 38112-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 16 / 2019
Transaction ID : 10217909
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Rudloff, Matthew, Ian, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10211 Ramblewood Dr
 City Arlington State TN Zip Code 38002-8549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 16 / 2019
Transaction ID : 10217910
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Sawyer, Jeffrey, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4450 Chickasaw Road
 City Memphis State TN Zip Code 38117-1717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 16 / 2019
Transaction ID : 10217911
 Amount of Each Receipt this Period 41.67
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 125.01 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Sheffer, Benjamin, West, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 281 Ben Avon Way
 City Memphis State TN Zip Code 38111-7702
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 391.69

Date of Receipt 07 / 16 / 2019
Transaction ID : 10217912
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Thompson, Norfleet, Buckner, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3784 Highland Park Place
 City Memphis State TN Zip Code 38111-6923
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 16 / 2019
Transaction ID : 10217913
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Throckmorton, Thomas, Ward, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4901 Fairfield Circle
 City Memphis State TN Zip Code 38117-4209
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 16 / 2019
Transaction ID : 10217914
 Amount of Each Receipt this Period 41.67
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.01 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Warner, William, C, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 East Cherry Circle
 City Memphis State TN Zip Code 38117-3501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 16 / 2019
Transaction ID : 10217915
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Weinlein, John, C, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 Greenbriar Dr
 City Memphis State TN Zip Code 38117-3207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 16 / 2019
Transaction ID : 10217916
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Whittle, A, Paige, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 836 Harbor Isle Circle East
 City Memphis State TN Zip Code 38103-0836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 07 / 16 / 2019
Transaction ID : 10217917
 Amount of Each Receipt this Period 41.67
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 125.01 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Williams, Keith, D, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2336 Pinnacle Creek Dr

| | | |
|--------------------|-------------|------------------------|
| City Germantown | State TN | Zip Code 38138-4626 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 16 | | 2019 |

Transaction ID : 10217918

Amount of Each Receipt this Period
41.67

Memo Item

B. Kamps, Bryan, Scott, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3741 Monarch Dr NE

| | | |
|----------------------|-------------|------------------------|
| City Grand Rapids | State MI | Zip Code 49525-3428 |
|----------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Spectrum Health Medical Group | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 16 | | 2019 |

Transaction ID : 10217949

Amount of Each Receipt this Period
100.00

Memo Item

C. Fuller, Jonathan, E, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9806 Fieldcrest Dr

| | | |
|---------------|-------------|------------------------|
| City Omaha | State NE | Zip Code 68114-4935 |
|---------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 16 | | 2019 |

Transaction ID : 10217951

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1141.67 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (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 495 |
| <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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Rainey, Scott, G, , DO | | | Date of Receipt |
| Mailing Address 1061 South Lake Drive | | | <input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2019"/> |
| City Gibsonia | State PA | Zip Code 15044-6179 | Transaction ID : 10217959 |
| 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 (for Individual) TRMC | | Occupation (for Individual) Orthopaedic Surgeon | <input type="checkbox"/> Memo Item |
| 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 of Individual (Last, First, Middle Initial) or Full Organization Name B. Waddell, Bradford, Sutton, , MD | | | Date of Receipt |
| Mailing Address 255 Weaver St Apt 3H | | | <input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2019"/> |
| City Greenwich | State CT | Zip Code 06831-4260 | Transaction ID : 10217960 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="84.00"/> |
| Name of Employer (for Individual) Ochsner Clinic | | Occupation (for Individual) Orthopaedic Surgeon | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1504.00"/> | | |

| | | | |
|--|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lopez, David, Vincent, , MD,FAAOS | | | Date of Receipt |
| Mailing Address 27 Courtney Ct | | | <input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2019"/> |
| City Freehold | State NJ | Zip Code 07728-9564 | Transaction ID : 10217961 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | | Amount of Each Receipt this Period <input type="text" value="84.00"/> |
| Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali | | Occupation (for Individual) Orthopaedic Surgeon | <input type="checkbox"/> Memo Item |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ <input type="text" value="504.00"/> | | |

| | |
|---|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... | <input type="text" value="418.00"/> |
| 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 41 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Dulske, Michael, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Burney Drive
 City Flowood State MS Zip Code 39232-6621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Ortho Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **07 / 01 / 2019**
Transaction ID : 10217962
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Newson, Graham, , , MA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 Massachusetts Ave NE Ste 100
 City Washington State DC Zip Code 20002-5769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Orthopaedic Surg Occupation (for Individual) Director, Office of Government Relatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 02 / 2019**
Transaction ID : 10217963
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bojeskul, John, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2108 Wythe Dr
 City Evans State GA Zip Code 30809-5476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D D Eisenhower Army Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 02 / 2019**
Transaction ID : 10217964
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| 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 42 OF 495 |
| | <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. Migliori, Sidney, Premer, , MD, FAAOS

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

Mailing Address 40 Chief Botelho Ct

| | | |
|------------------------|-------------|------------------------|
| City East Greenwich | State RI | Zip Code 02818-1251 |
|------------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Ortho Rhode Island | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2019

Transaction ID : 10217965

Amount of Each Receipt this Period
84.00

Memo Item

B. Urband, Lindsey, , , MD,FAAOS

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

Mailing Address 8008 Frost St Ste 403

| | | |
|-------------------|-------------|------------------------|
| City San Diego | State CA | Zip Code 92123-4209 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Hand Center of San Antonio | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2019

Transaction ID : 10217966

Amount of Each Receipt this Period
84.00

Memo Item

C. Engstrom, Stephen, , , MD

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

Mailing Address 1215 21st Avenue South Suite 4200

| | | |
|-------------------|-------------|------------------------|
| City Nashville | State TN | Zip Code 37232-8774 |
|-------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Vanderbilt Univ-Vanderbilt Ortho Inst | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2019

Transaction ID : 10217967

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 495 |
| | <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. Sheehan, John, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6621 Cuming St
 City Omaha State NE Zip Code 68132-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 08 / 2019
Transaction ID : 10217968
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Harrison, Alicia, Karin, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1942 Humboldt Ave S
 City Minneapolis State MN Zip Code 55403-2815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Minnesota Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 08 / 2019
Transaction ID : 10217969
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Cannada, Lisa, K, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14357 Cottage Lake Road
 City Jacksonville State FL Zip Code 32224-0849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Florida College of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 09 / 2019
Transaction ID : 10217970
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Cimino, William, Gerard, , MD, FAAOS

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

Mailing Address 1830 Merwins Ln

| | | |
|-------------------|-------------|------------------------|
| City Fairfield | State CT | Zip Code 06824-1608 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 12 | | 2019 |

Transaction ID : 10217972

Amount of Each Receipt this Period
84.00

Memo Item

B. Dennis, Steven, C, , MD, FAAOS

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

Mailing Address 1441 Avocado Ave.
Suite 802

| | | |
|-----------------------|-------------|------------------------|
| City Newport Beach | State CA | Zip Code 92660-7709 |
|-----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 18 | | 2019 |

Transaction ID : 10218329

Amount of Each Receipt this Period
1000.00

Memo Item

C. Shah, Roshan, P, , MD, JD, FA

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

Mailing Address 610 West 110th Street
Apt 3E

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10025-2105 |
|------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Columbia University Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
588.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 19 | | 2019 |

Transaction ID : 10219499

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1168.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 123 Brittany Ln

| | | |
|----------------------|-------------|------------------------|
| City Holidaysburg | State PA | Zip Code 16648-9269 |
|----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 19 | | 2019 |

Transaction ID : 10219500

Amount of Each Receipt this Period
84.00

Memo Item

B. Schmitz, Matthew, R, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Ottawa Run

| | | |
|----------------------|-------------|------------------------|
| City Shavano Park | State TX | Zip Code 78231-1457 |
|----------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) San Antonio Military Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 19 | | 2019 |

Transaction ID : 10219501

Amount of Each Receipt this Period
84.00

Memo Item

C. Mitros, Stephen, F, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51045 Erin Glen Dr

| | | |
|-----------------|-------------|------------------------|
| City Granger | State IN | Zip Code 46530-9089 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
520.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 19 | | 2019 |

Transaction ID : 10219502

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Hamann, Joshua, Charles, , MD,FAAOS

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

Mailing Address 1302 Sutton Dr

| | | |
|------------------|-------------|------------------------|
| City Columbia | State MO | Zip Code 65203-8302 |
|------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Columbia Orthopaedic Group | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 13 | | 2019 |

Transaction ID : 10220336

Amount of Each Receipt this Period
250.00

Memo Item

B. De Campos, Juliet, M, , MD,FAAOS

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

Mailing Address 3400 Oakmont Drive

| | | |
|-------------------|-------------|------------------------|
| City Pensacola | State FL | Zip Code 32503-6969 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Andrews Institute Baptist Healthcare | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 13 | | 2019 |

Transaction ID : 10220357

Amount of Each Receipt this Period
500.00

Memo Item

C. Kaeding, Christopher, C, , MD, FAAOS

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

Mailing Address 2835 Fred Taylor Dr

| | | |
|------------------|-------------|------------------------|
| City Columbus | State OH | Zip Code 43202-1552 |
|------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) OSU Sports Medicine Ctr | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 12 | | 2019 |

Transaction ID : 10220358

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Baker, Champ, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 806 Overlook Dr
 City Columbus State GA Zip Code 31906-4005
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Jack Hughston Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 07 / 12 / 2019
Transaction ID : 10220359
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Brown, Barrett, Shytlés, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Fondren Orthopedic Group 7401 Main St
 City Houston State TX Zip Code 77030-4509
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 588.00

Date of Receipt 07 / 20 / 2019
Transaction ID : 10220617
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Olson, Craig, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Eagle Ridge Court
 City Manitowoc State WI Zip Code 54220-8625
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 588.00

Date of Receipt 07 / 20 / 2019
Transaction ID : 10220618
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1168.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. McCrosson, John, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2749 Fountainhead Way
 City Mount Pleasant State SC Zip Code 29466-8590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Charleston Hip & Knee Replacement Cent Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 21 / 2019
Transaction ID : 10220645
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Chapman, Cary, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1534 Victory Blvd Ste 1
 City Staten Island State NY Zip Code 10314-3530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 21 / 2019
Transaction ID : 10220646
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Stoeckl, Andrew, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Fairlawn Dr
 City Amherst State NY Zip Code 14226-3422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Excelsior Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 581.00

Date of Receipt 07 / 21 / 2019
Transaction ID : 10220647
 Amount of Each Receipt this Period 83.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 417.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Date of Receipt 07 / 21 / 2019
Transaction ID : 10220649
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

Date of Receipt 07 / 22 / 2019
Transaction ID : 10220650
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Mansfield, David, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 773 Azalea Pl
 City El Paso State TX Zip Code 79922-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 838.00

Date of Receipt 07 / 22 / 2019
Transaction ID : 10220651
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1168.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 495 |
| | <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. Halsey, David, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9000 #132
 City Edgartown State MA Zip Code 02539-9000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martha's Vineyard Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2019
Transaction ID : 10220653
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Hackbarth, Donald, A, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N70 W14567 Terrace Drive
 City Menomonee Falls State WI Zip Code 53051-0929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2019
Transaction ID : 10220654
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Veitch, Andrew, John, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13416 Desert Zinnia Ct NE
 City Albuquerque State NM Zip Code 87111-7154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2019
Transaction ID : 10220655
 Amount of Each Receipt this Period
 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 OF 495 |
| | <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. Hire, Justin, M, , MD, FAAOS

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

Mailing Address 8 Newton Court

| | | |
|---------------------------|-------------|------------------------|
| City Fort Leonard Wood | State MO | Zip Code 65473-1308 |
|---------------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2019

Transaction ID : 10220656

Amount of Each Receipt this Period
42.00

Memo Item

B. Kemp, Travis, Jay, , MD, FAAOS

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

Mailing Address 1398 E Versailles Ct

| | | |
|---------------|-------------|------------------------|
| City Boise | State ID | Zip Code 83706-6709 |
|---------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Treasure Valley Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2019

Transaction ID : 1022071

Amount of Each Receipt this Period
2000.00

Memo Item

C. Sitler, David, F, , MD, FAAOS

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

Mailing Address 12701 Sagecrest Dr

| | | |
|---------------|-------------|------------------------|
| City Poway | State CA | Zip Code 92064-2600 |
|---------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2019

Transaction ID : 1022072

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2342.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 495 |
| | <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. Russell, George, V, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Hawthorne Vale
 City Ridgeland State MS Zip Code 39157-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Mississippi Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 07 / 19 / 2019
Transaction ID : 10222073
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Navarro, Ronald, Anthony, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Wide Loop Rd
 City Rolling Hills State CA Zip Code 90274-5234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente South Bay Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 23 / 2019
Transaction ID : 10222430
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Noffsinger, Mark, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7208 Selah Court
 City Mattawan State MI Zip Code 49071-9807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 23 / 2019
Transaction ID : 10222431
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 424.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 53 OF 495 |
| <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. More, Robert, Cameron, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8100 Wescott Drive
Suite 101

City Flemington State NJ Zip Code 08822-4671

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

Name of Employer (for Individual) Occupation (for Individual)
Hunterdon Orthopaedic Institute Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt
07 / 23 / 2019
Transaction ID : 10222432

Amount of Each Receipt this Period
84.00

Memo Item

B. Scales, Darrell, Kevin, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2000 Tee Dr

City Braselton State GA Zip Code 30517-4078

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
07 / 23 / 2019
Transaction ID : 10222433

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 6 El Caminito

City Orinda State CA Zip Code 94563-2302

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

Name of Employer (for Individual) Occupation (for Individual)
Kaiser Permanente Medical Center Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
07 / 23 / 2019
Transaction ID : 10222434

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 434.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 54 OF 495 |
| <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. Tarbox, Byron, R Bus, , MD, FAAOS

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

Mailing Address 1 S Keene St

| | | |
|------------------|-------------|------------------------|
| City Columbia | State MO | Zip Code 65201-7199 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 23 | | 2019 |

Transaction ID : 10222435

Amount of Each Receipt this Period
250.00

Memo Item

B. Rajani, Rajiv, , , MD, FAAOS

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

Mailing Address 701 Ogden Ln

| | | |
|---------------------|-------------|------------------------|
| City San Antonio | State TX | Zip Code 78209-4414 |
|---------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 23 | | 2019 |

Transaction ID : 10222436

Amount of Each Receipt this Period
250.00

Memo Item

C. Ede, David, E, , MD, FAAOS

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

Mailing Address 415 Morris St
Ste 104

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 23 | | 2019 |

Transaction ID : 10222437

Amount of Each Receipt this Period
250.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Hartsock, Langdon, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 Tradd Street
 City Charleston State SC Zip Code 29401-1818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Med Univ of SC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 24 / 2019
Transaction ID : 10263587
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Malone, Stephen, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 Westover Rd
 City Wilmington State DE Zip Code 19807-2980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopaedic Spine Ctr PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 24 / 2019
Transaction ID : 10263588
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Kaminski, Ken, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6987 Canal St
 City Tyler State TX Zip Code 75703-9404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Azalea Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 24 / 2019
Transaction ID : 10263589
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 434.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 56 OF 495 |
| <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. Monson, David, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1491 LaChona Court NE
 City Atlanta State GA Zip Code 30329-3481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **588.00**

Date of Receipt **07 / 24 / 2019**
Transaction ID : 10263590
 Amount of Each Receipt this Period **84.00**
 Memo Item

B. McCulloch, Patrick, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 Buckingham Drive
 City Venetia State PA Zip Code 15367-2383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Ortho & Rehab Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **588.00**

Date of Receipt **07 / 25 / 2019**
Transaction ID : 10267083
 Amount of Each Receipt this Period **84.00**
 Memo Item

C. Swenning, Todd, Allen, , MD,FACS,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41970 Rancho Manana Lane
 City Rancho Mirage State CA Zip Code 92270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **416.65**

Date of Receipt **07 / 25 / 2019**
Transaction ID : 10267084
 Amount of Each Receipt this Period **83.33**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 251.33 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Schwappach, John, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 Forest St
 City Denver State CO Zip Code 80220-5753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Denver Metro Orthopedics, PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 26 / 2019
Transaction ID : 10268469
 Amount of Each Receipt this Period 400.00
 Memo Item

B. Kirol, Bernard, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 338 Turnwall Ln
 City Elgin State SC Zip Code 29045-9507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 27 / 2019
Transaction ID : 10268775
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Reynolds, Kirk, Allen, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11901 Fairway Dr
 City Little Rock State AR Zip Code 72212-3424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arkansas Specialty Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 27 / 2019
Transaction ID : 10268776
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 559.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <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. Hackett, Thomas, R, , MD, FAAOS

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

Mailing Address 770 Potatoe Patch
Unit 1

| | | |
|--------------|-------------|------------------------|
| City Vail | State CO | Zip Code 81657-4441 |
|--------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) The Steadman Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2019

Transaction ID : 10268777

Amount of Each Receipt this Period
250.00

Memo Item

B. Sarwahi, Vishal, , , MD, FAAOS

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

Mailing Address 650 West 42nd St
Apt 3912

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10036-4391 |
|------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Cohen Children's Medical Center | Occupation (for Individual) 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 / 27 / 2019

Transaction ID : 10268778

Amount of Each Receipt this Period
84.00

Memo Item

C. Giammattei, Frank, P, , MD, FAAOS

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

Mailing Address 30 Woodbrook Rd

| | | |
|--------------------|-------------|------------------------|
| City Swarthmore | State PA | Zip Code 19081-1234 |
|--------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Premier Orthopaedic Associates | Occupation (for Individual) 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 / 28 / 2019

Transaction ID : 10268812

Amount of Each Receipt this Period
84.00

Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 OF 495 |
| | <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. Adamson, Kent, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Via Rancho
 City San Clemente State CA Zip Code 92672-4540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2019
Transaction ID : 10268813
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Gary, Joshua, Layne, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3726 Tanglely Rd
 City Houston State TX Zip Code 77005-2032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2019
Transaction ID : 10268814
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Easley, Mark, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Duke Medicine
 4709 Creekstone Drive
 City Durham State NC Zip Code 27703-9822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke Medicine Occupation (for Individual) 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 / 28 / 2019
Transaction ID : 10268815
 Amount of Each Receipt this Period
 84.00
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 495 |
| | <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. Carolan, Gregory, Francis, , MD, FAAOS

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

Mailing Address 1806 Meadow Ridge Ct

| | | |
|-------------------|-------------|------------------------|
| City Bethlehem | State PA | Zip Code 18015-5003 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) St Luke's Ortho Surg Group | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

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 / 28 / 2019

Transaction ID : 10268816

Amount of Each Receipt this Period
84.00

Memo Item

B. Torres, Daniel, , , MD

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

Mailing Address 1488 Shelburne Ct

| | | |
|-------------------|-------------|------------------------|
| City Allentown | State PA | Zip Code 18104-1949 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) University of Texas Med Branch | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2019

Transaction ID : 10268817

Amount of Each Receipt this Period
85.00

Memo Item

C. Bass, Robert, L, , MD, FAAOS

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

Mailing Address 5721 Salisbury

| | | |
|-----------------|-------------|------------------------|
| City Prosper | State TX | Zip Code 75078-5679 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2019

Transaction ID : 10268818

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 669.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 61 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Chandler, David, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Middle Plantation Ln
 City Gulf Breeze State FL Zip Code 32561-4899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 07 / 28 / 2019
Transaction ID : 10268819
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Agarwal, Animesh, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Falcon Point
 City Boerne State TX Zip Code 78006-5898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ TX Hlth Sci Ctr at San Antonio Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 28 / 2019
Transaction ID : 10268820
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Allard, Mark, Michael, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3010 Cortney Circle
 City Siloam Springs State AR Zip Code 72761-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 28 / 2019
Transaction ID : 10268821
 Amount of Each Receipt this Period 84.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Woodcock, Jessica, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Stillwood Ct
 City New Bern State NC Zip Code 28560-8040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **552.00**

Date of Receipt **07 / 28 / 2019**
Transaction ID : 10268822
 Amount of Each Receipt this Period **84.00**
 Memo Item

B. Lee, Julia, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1166 E Turnberry Ave
 City Fresno State CA Zip Code 93730-5928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenville Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 30 / 2019**
Transaction ID : 10269447
 Amount of Each Receipt this Period **250.00**
 Memo Item

c. Ortiz, Jose, Antonio, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address S8965 Stonebrook Dr
 City Eleva State WI Zip Code 54738-8501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 30 / 2019**
Transaction ID : 10269458
 Amount of Each Receipt this Period **250.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Maloney, William, J, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 990 Waverley Street

| | | |
|-------------------|-------------|------------------------|
| City Palo Alto | State CA | Zip Code 94301-2741 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Stanford | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 30 | | 2019 |

Transaction ID : 10269464

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 7485 Mission Valley Rd
Ste 104

| | | |
|-------------------|-------------|------------------------|
| City San Diego | State CA | Zip Code 92108-4422 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 30 | | 2019 |

Transaction ID : 10269524

Amount of Each Receipt this Period
250.00

Memo Item

C. Charen, Jeffrey, H, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 May St Ste 202

| | | |
|----------------|-------------|------------------------|
| City Edison | State NJ | Zip Code 08837-3267 |
|----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Ortho Assoc of Central Jersey | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 30 | | 2019 |

Transaction ID : 10269532

Amount of Each Receipt this Period
1000.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 OF 495 |
| | <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. Kolavo, Jerome, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27650 Ferry Rd Ste 100
 City Warrenville State IL Zip Code 60555-3846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cadence Physician Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 30 / 2019
Transaction ID : 10269697
 Amount of Each Receipt this Period 500.00
 Memo Item

B. L'Insalata, John, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 495 Wooddale Ave
 City Staten Island State NY Zip Code 10301-4630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Surgical Consultant Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2019
Transaction ID : 10269702
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Moschetti, Wayne, E, , MD, MS, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Butternut Lane
 City Hanover State NH Zip Code 03755-1538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dartmouth Hitchcock Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 30 / 2019
Transaction ID : 10269704
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Vail, Thomas, Parker, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3474 Clay Street
 City San Francisco State CA Zip Code 94118-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of California, San Francisc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 10269948
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Van Thiel, Geoffrey, , , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Roxbury Road
 City Rockford State IL Zip Code 61107-5090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2019
Transaction ID : 10271520
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Sanders, Brett, Stanford, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2415 McCallie Ave
 City Chattanooga State TN Zip Code 37404-3322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.01

Date of Receipt 07 / 31 / 2019
Transaction ID : 10271529
 Amount of Each Receipt this Period 500.01
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.01 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <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. Arms, Donald, Mark, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 513 Clinton Road
 City Lexington State KY Zip Code 40502-2407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Donald Arms, MD Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 31 / 2019**
Transaction ID : 10271536
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cassidy, Carter, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4890 Faulkirk Lane
 City Lexington State KY Zip Code 40515-1177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Res Program Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt **08 / 01 / 2019**
Transaction ID : 10271539
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Ellis, Henry, Bone, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2945 Stanford Ave
 City Dallas State TX Zip Code 75225-7802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt **08 / 01 / 2019**
Transaction ID : 10271540
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 419.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Reed, Lori, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Klaas Boulevard
 City Madison State MS Zip Code 39110-9118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Mississippi Medical Cent Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 01 / 2019
Transaction ID : 10271541
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Bailey, James, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10439 Blue Summit Court
 City San Diego State CA Zip Code 92131-6113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 01 / 2019
Transaction ID : 10271542
 Amount of Each Receipt this Period 42.00
 Memo Item

c. Martin, Joseph, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 53rd Ave Ste 100
 City Bettendorf State IA Zip Code 52722-7565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 01 / 2019
Transaction ID : 10272637
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1126.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Parsley, Brian, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5420 West Loop South
 Suite 2400
 City Bellaire State TX Zip Code 77401-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Health Physicians Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 10273205
 Amount of Each Receipt this Period 84.00
 Memo Item

B. DiCaprio, Matthew, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2028 Dobie Lane
 City Schenectady State NY Zip Code 12303-6013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region Orthopaedics Bone & Joi Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1270.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 10273206
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Gramstad, Gregory, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6702 SW Canyon Crest Dr
 City Portland State OR Zip Code 97225-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rebound Orthopedics & Neurosurgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 15 / 2019
Transaction ID : 10273207
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 69 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Wright, Craig, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 504 Valley Road
 City Wayne State NJ Zip Code 07470-3534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 22 / 2019
Transaction ID : 10273209
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bercik, Michael, J, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 Center Road
 City Lancaster State PA Zip Code 17603-4730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 22 / 2019
Transaction ID : 10273210
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Jiranek, William, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4066 Old River Trail
 City Powhatan State VA Zip Code 23139-4111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 22 / 2019
Transaction ID : 10273211
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 384.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 70 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Glusenkamp, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 22 / 2019
Transaction ID : 10273212
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Besh, Basil, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6135 Clubhouse Dr
 City Pleasanton State CA Zip Code 94566-9864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 23 / 2019
Transaction ID : 10273213
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Damalas, Dino, , , MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018-4975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 29 / 2019
Transaction ID : 10273214
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 218.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <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. Delanois, Ronald, Emilio, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Brookfield Garth
 City Lutherville Timonium State MD Zip Code 21093-4700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lifebridge Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 07 / 29 / 2019
Transaction ID : 10273215
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Iorio, Richard, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Prince St
 City Beverly State MA Zip Code 01915-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Langone Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 07 / 29 / 2019
Transaction ID : 10273216
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Floyd, Donald, Wray, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Hialeah Dr
 City Midland State TX Zip Code 79705-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 29 / 2019
Transaction ID : 10273217
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 684.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <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. Waddell, Bradford, Sutton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 255 Weaver St
Apt 3H

| | | |
|-------------------|-------------|------------------------|
| City Greenwich | State CT | Zip Code 06831-4260 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2019

Transaction ID : 10273218

Amount of Each Receipt this Period
84.00

Memo Item

B. Lopez, David, Vincent, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 Courtney Ct

| | | |
|------------------|-------------|------------------------|
| City Freehold | State NJ | Zip Code 07728-9564 |
|------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2019

Transaction ID : 10273219

Amount of Each Receipt this Period
84.00

Memo Item

C. Dulske, Michael, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Burney Drive

| | | |
|-----------------|-------------|------------------------|
| City Flowood | State MS | Zip Code 39232-6621 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Capital Ortho | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2019

Transaction ID : 10273220

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 268.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 OF 495 |
| | <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. Mather, Richard, C, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Watts St
 City Durham State NC Zip Code 27701-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 672.00

Date of Receipt 08 / 02 / 2019
Transaction ID : 10273234
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Uppal, Renny, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 672.00

Date of Receipt 08 / 02 / 2019
Transaction ID : 10273235
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Gottschalk, Michael, Brandon, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4799 Olde Village Cv
 City Atlanta State GA Zip Code 30338-5055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 08 / 02 / 2019
Transaction ID : 10273236
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 74 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Bruce, Jeremy, R, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3249 Reflecting Dr

| | | |
|---------------------|-------------|------------------------|
| City Chattanooga | State TN | Zip Code 37415-5656 |
|---------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) UTCUM | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2019 |

Transaction ID : 10273240

Amount of Each Receipt this Period
500.00

Memo Item

B. O'Brien, Michael, J, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 Gull St

| | | |
|---------------------|-------------|------------------------|
| City New Orleans | State LA | Zip Code 70124-4302 |
|---------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2019 |

Transaction ID : 10273401

Amount of Each Receipt this Period
1000.00

Memo Item

C. Wyatt, Ronald, W B, , MD, FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Kaiser Permanente | Occupation (for Individual) 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 |
| 08 | | 03 | | 2019 |

Transaction ID : 10273528

Amount of Each Receipt this Period
100.00

Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 OF 495 |
| | <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. Renard, Regis, Louis, , MD, FAAOS

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

Mailing Address 411 Chenal Woods Drive

| | | |
|---------------------|-------------|------------------------|
| City Little Rock | State AR | Zip Code 72223-9199 |
|---------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) UAMS, Department of Orthopaedics | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2019

Transaction ID : 10273555

Amount of Each Receipt this Period
250.00

Memo Item

B. Mosley, Emmett, Wayne, , MD, FAAOS

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

Mailing Address 633 Crescent Hills Way

| | | |
|------------------|-------------|------------------------|
| City Lakeland | State FL | Zip Code 33813-4675 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2019

Transaction ID : 10273557

Amount of Each Receipt this Period
84.00

Memo Item

C. Smith, Eric, Louis, , MD, FAAOS

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

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 (for Individual) Boston Medical Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
692.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2019

Transaction ID : 10273559

Amount of Each Receipt this Period
84.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 76 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Jennings, Randall, W, , MD, FAAOS

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

Mailing Address 1925 Roosevelt St

| | | |
|--------------------|-------------|------------------------|
| City North Bend | State OR | Zip Code 97459-1819 |
|--------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) North Bend Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 04 | | 2019 |

Transaction ID : 10273560

Amount of Each Receipt this Period
84.00

Memo Item

B. Lintecum, Neal, D, , MD, FAAOS

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

Mailing Address 789 N 1500 Road

| | | |
|------------------|-------------|------------------------|
| City Lawrence | State KS | Zip Code 66049-9194 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 05 | | 2019 |

Transaction ID : 10273564

Amount of Each Receipt this Period
200.00

Memo Item

C. Wynder, Steven, G, , MD, FAAOS

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

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 (for Individual) Parkview Ortho Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 05 | | 2019 |

Transaction ID : 10273565

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 368.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Schmale, Gregory, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6515 126th Ave NE
 City Kirkland State WA Zip Code 98033-8569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 05 / 2019
Transaction ID : 10273566
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Berg, Jeffrey, H, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1860 Town Center Dr Ste 300
 City Reston State VA Zip Code 20190-5900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TCOA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2019
Transaction ID : 10275799
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Rosenwasser, Melvin, Paul, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Ludlow Ln
 City Palisades State NY Zip Code 10964-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2019
Transaction ID : 10275800
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 834.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Cameron, Julian A, , MD, FAAOS

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

Mailing Address 405 S Riverside Dr

| | | |
|-----------------------|-------------|------------------------|
| City Pompano Beach | State FL | Zip Code 33062-5528 |
|-----------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Comprehensive Spine Center | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 06 | | 2019 |

Transaction ID : 10275801

Amount of Each Receipt this Period
250.00

Memo Item

B. Alexander, A, Herbert, , MD,FAAOS

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

Mailing Address PO Box 1657

| | | |
|--------------------|-------------|------------------------|
| City Sun Valley | State ID | Zip Code 83353-1657 |
|--------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Alexander Orthopaedics PA | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 06 | | 2019 |

Transaction ID : 10276114

Amount of Each Receipt this Period
250.00

Memo Item

C. Green, Daniel, William, , MD,FAAOS

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

Mailing Address Hospital for Special Surgery
535 East 70th St

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10021-4823 |
|------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Hosp for Special Surgery | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 07 | | 2019 |

Transaction ID : 10276115

Amount of Each Receipt this Period
175.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 675.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Kiner, Dirk, W, , MD, FAAOS

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

Mailing Address 438 Oliver Street

| | | |
|---------------------|-------------|------------------------|
| City Chattanooga | State TN | Zip Code 37405-4020 |
|---------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
84.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 07 | | 2019 |

Transaction ID : 10276116

Amount of Each Receipt this Period
84.00

Memo Item

B. Taksali, Sudeep, , , MD, FAAOS

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

Mailing Address 7535 SW Schroeder Way

| | | |
|---------------------|-------------|------------------------|
| City Wilsonville | State OR | Zip Code 97070-9574 |
|---------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Hope Orthopedics of Oregon | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 08 | | 2019 |

Transaction ID : 10279499

Amount of Each Receipt this Period
250.00

Memo Item

C. Leddy, Michael, J, , MD, FAAOS

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

Mailing Address 3444 Masonic Dr

| | | |
|--------------------|-------------|------------------------|
| City Alexandria | State LA | Zip Code 71301-3615 |
|--------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Central Louisiana Surgical Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 08 | | 2019 |

Transaction ID : 10279500

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Higgins, Michael, E, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5236 Rockport Landing

| | | |
|-----------------|-------------|------------------------|
| City Suffolk | State VA | Zip Code 23435-3518 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Tidewater Orthopaedic Assoc | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 08 | | 2019 |

Transaction ID : 10279501

Amount of Each Receipt this Period
84.00

Memo Item

B. Szczech, Bartlomiej, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 89 Intervale Way

| | | |
|---------------------|-------------|------------------------|
| City Lake Placid | State NY | Zip Code 12946-3240 |
|---------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) St Joseph's Hospital Med Ctr | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 08 | | 2019 |

Transaction ID : 10279502

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 9165 W Thunderbird Rd Suite 200

| | | |
|----------------|-------------|------------------------|
| City Peoria | State AZ | Zip Code 85381-4847 |
|----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Banner Health | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2019 |

Transaction ID : 10280088

Amount of Each Receipt this Period
1500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1684.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Clain, Michael, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Indian Head Rd

| | | |
|-------------------|-------------|------------------------|
| City Riverside | State CT | Zip Code 06878-2403 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2019 |

Transaction ID : 10280091

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 2774 W Lake of the Isles Pkwy

| | | |
|---------------------|-------------|------------------------|
| City Minneapolis | State MN | Zip Code 55416-4337 |
|---------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2019 |

Transaction ID : 10280092

Amount of Each Receipt this Period
250.00

Memo Item

C. Bernard, Johnathan, , , MD, MPH, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13350 Franklin Farm Road
Suite 220

| | | |
|-----------------|-------------|------------------------|
| City Herndon | State VA | Zip Code 20171-4095 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) National Sports Medicine Institute | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 10 | | 2019 |

Transaction ID : 10282208

Amount of Each Receipt this Period
84.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 82 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Dodds, Julie, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 Hannah Blvd
 Ste 212
 City East Lansing State MI Zip Code 48823-5382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 10 / 2019
Transaction ID : 10282209
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Braaton, Paul, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1335 Coffee Rd
 Ste 100
 City Modesto State CA Zip Code 95355-3192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 11 / 2019
Transaction ID : 10282210
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Pushkarewicz, Michael, J, , MD, FAAOS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 Braken Ave
 City Wilmington State DE Zip Code 19808-4399
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First State Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 336.00

Date of Receipt 08 / 12 / 2019
Transaction ID : 10282212
 Amount of Each Receipt this Period 42.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 210.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Winston, Jonathan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4534 Shadowbrook Court
 City Bettendorf State IA Zip Code 52722-6585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 12 / 2019
Transaction ID : 10282213
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Marinello, Patrick, Gaetano, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 Bradhaven Rd
 City Slingerlands State NY Zip Code 12159-9369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 12 / 2019
Transaction ID : 10282214
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Means, Kenneth, Robert, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2908 Crabapple Ln
 City Ellicott City State MD Zip Code 21042-2570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Union Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2019
Transaction ID : 10282215
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Krueger, Chad, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Seton Dr
 City Shrewsbury State MA Zip Code 01545-5468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.00

Date of Receipt 08 / 13 / 2019
Transaction ID : 10283504
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Gallant, Gregory, G, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3588 Wellsford Lane
 City Doylestown State PA Zip Code 18902-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 13 / 2019
Transaction ID : 10283505
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Burnham, Jeremy, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3122 Nicholson Lake Dr
 City Baton Rouge State LA Zip Code 70810-0353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of KY-Kentucky Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 13 / 2019
Transaction ID : 10283506
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 417.33 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 85 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Grosso, Nicholas, P, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10113 Lakeside Ct

| | | |
|-----------------------|-------------|------------------------|
| City Ellicott City | State MD | Zip Code 21042-6340 |
|-----------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Centers for Advanced Orthopaedics | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2019 |

Transaction ID : 10284184

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1812 Valley Rd NE

| | | |
|---------------------|-------------|------------------------|
| City Gainesville | State GA | Zip Code 30501-1224 |
|---------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2019 |

Transaction ID : 10284185

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1927 Old Monticello Rd

| | | |
|---------------------|-------------|------------------------|
| City Thomasville | State GA | Zip Code 31792-6720 |
|---------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Thomasville Orthopedic Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2019 |

Transaction ID : 10284541

Amount of Each Receipt this Period
250.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 86 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 12101 Catalina St

| | | |
|-----------------|-------------|------------------------|
| City Leawood | State KS | Zip Code 66209-1508 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Signature Medical Group of KC | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 02 | | 2019 |

Transaction ID : 10284543

Amount of Each Receipt this Period
375.00

Memo Item

B. Lang, Gerald, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1309 Redan Drive

| | | |
|----------------|-------------|------------------------|
| City Verona | State WI | Zip Code 53593-7820 |
|----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 13 | | 2019 |

Transaction ID : 10284803

Amount of Each Receipt this Period
250.00

Memo Item

C. Courtney, Paul, Maxwell, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 902 S Front St

| | | |
|----------------------|-------------|------------------------|
| City Philadelphia | State PA | Zip Code 19147-4304 |
|----------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Rothman Institute | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 14 | | 2019 |

Transaction ID : 10285700

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 709.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (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 495 |
| | <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. Carter, Ralph, E, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Sterling Ln
 City Laurinburg State NC Zip Code 28352-5598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 14 / 2019
Transaction ID : 10285701
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Fellars, Todd, A, , MD, MBA, P
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18715 Bernardo Trails Dr
 City San Diego State CA Zip Code 92128-1112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Naval Medical Center San Diego Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 10286531
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Melvin, James, Stuart, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2908 45th St NW
 City Washington State DC Zip Code 20016-3559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoVirginia Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 10286532
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 88 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Mann, Matthew, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Brantwood Road
 City Amherst State NY Zip Code 14226-4302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Excelsior Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 10286533
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Berg, Troy, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3720 Glen Crest Ct
 City Eau Claire State WI Zip Code 54701-5615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OakLeaf Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 10286535
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Guevara, Benjamin, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 280 Remington Dr
 City Mandeville State LA Zip Code 70448-1942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Health Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 15 / 2019
Transaction ID : 10286536
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 89 OF 495 |
| | <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. Bettin, Clayton, Charles, , MD, FAAOS

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

Mailing Address 5047 Shady Hall Ct

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-1519 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 12 | | 2019 |

Transaction ID : 10287181

Amount of Each Receipt this Period
41.67

Memo Item

B. Calandrucchio, James, H, , MD, FAAOS

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

Mailing Address Campbell Clinic
1400 S Germantown Rd

| | | |
|--------------------|-------------|------------------------|
| City Germantown | State TN | Zip Code 38138-2205 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 12 | | 2019 |

Transaction ID : 10287182

Amount of Each Receipt this Period
41.67

Memo Item

C. Cannon, David, L, , MD,MBA,FAA

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

Mailing Address 2639 Fox Hill Circle East

| | | |
|--------------------|-------------|------------------------|
| City Germantown | State TN | Zip Code 38139-6817 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
692.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 12 | | 2019 |

Transaction ID : 10287183

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 167.34 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 90 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Crockarell, John, R, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave
 Ste 100
 City Collierville State TN Zip Code 38017-0630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2019
Transaction ID : 10287184
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Grear, Benjamin, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 LaGrange Creek Dr
 City Eads State TN Zip Code 38028-8015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2019
Transaction ID : 10287186
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Guyton, James, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6422 Massey Estates Cove
 City Memphis State TN Zip Code 38120-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2019
Transaction ID : 10287187
 Amount of Each Receipt this Period
 41.67
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 125.01 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| <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. Harkess, James, W, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1458 W Poplar #100

| | | |
|----------------------|-------------|------------------------|
| City Collierville | State TN | Zip Code 38017-0630 |
|----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 12 | / | 2019 |

Transaction ID : 10287188

Amount of Each Receipt this Period
41.67

Memo Item

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

Mailing Address 4938 Barfield Rd

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-2704 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 12 | / | 2019 |

Transaction ID : 10287189

Amount of Each Receipt this Period
41.67

Memo Item

C. Kelly, Derek, Michael, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 256 Brenrich Cove

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-2834 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 12 | / | 2019 |

Transaction ID : 10287190

Amount of Each Receipt this Period
41.67

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.01 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Mihalko, Marc, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4079 Barfield Road
 City Memphis State TN Zip Code 38117-1501
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 12 / 2019
Transaction ID : 10287193
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Miller, Robert, H, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 St Albans Fairway
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 12 / 2019
Transaction ID : 10287194
 Amount of Each Receipt this Period 50.00
 Memo Item

c. Murphy, Garnett, Andrew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic
 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 12 / 2019
Transaction ID : 10287195
 Amount of Each Receipt this Period 41.67
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 133.34 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <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. Perez, Edward, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 Saint Nick Dr
 City Memphis State TN Zip Code 38117-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 12 / 2019
Transaction ID : 10287196
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Richardson, David, R, MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 636 Center Dr
 City Memphis State TN Zip Code 38112-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 12 / 2019
Transaction ID : 10287198
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Rudloff, Matthew, Ian, MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10211 Ramblewood Dr
 City Arlington State TN Zip Code 38002-8549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 12 / 2019
Transaction ID : 10287199
 Amount of Each Receipt this Period 41.67
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 125.01 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Sawyer, Jeffrey, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4450 Chickasaw Road

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-1717 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 12 | | 2019 |

Transaction ID : 10287200

Amount of Each Receipt this Period
41.67

Memo Item

B. Sheffer, Benjamin, West, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 281 Ben Avon Way

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38111-7702 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
433.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 12 | | 2019 |

Transaction ID : 10287201

Amount of Each Receipt this Period
41.67

Memo Item

C. Thompson, Norfleet, Buckner, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3784 Highland Park Place

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38111-6923 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.36

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 12 | | 2019 |

Transaction ID : 10287202

Amount of Each Receipt this Period
41.67

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.01 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 95 OF 495 |
| | <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. Throckmorton, Thomas, Ward, , MD,FAAOS

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

Mailing Address 4901 Fairfield Circle

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-4209 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2019

Transaction ID : 10287203

Amount of Each Receipt this Period
41.67

Memo Item

B. Warner, William, C, , Jr, MD, FA

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

Mailing Address 215 East Cherry Circle

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-3501 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2019

Transaction ID : 10287204

Amount of Each Receipt this Period
41.67

Memo Item

C. Weinlein, John, C, , MD,FAAOS

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

Mailing Address 145 Greenbriar Dr

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-3207 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2019

Transaction ID : 10287205

Amount of Each Receipt this Period
41.67

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.01 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Whittle, A, Paige, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 836 Harbor Isle Circle East
 City Memphis State TN Zip Code 38103-0836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 12 / 2019
Transaction ID : 10287206
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Williams, Keith, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2336 Pinnacle Creek Dr
 City Germantown State TN Zip Code 38138-4626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 12 / 2019
Transaction ID : 10287207
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Austin, Gregory, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Narragansett Bay Ave
 City Warwick State RI Zip Code 02889-6608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Assoc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 14 / 2019
Transaction ID : 10287238
 Amount of Each Receipt this Period 200.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 283.34 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <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. Huntsman, Kade, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1160 East 3900 South Ste 5000

| | | |
|------------------------|-------------|------------------------|
| City Salt Lake City | State UT | Zip Code 84124-1275 |
|------------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2019
Transaction ID : 10287244

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Kamps, Bryan, Scott, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3741 Monarch Dr NE

| | | |
|----------------------|-------------|------------------------|
| City Grand Rapids | State MI | Zip Code 49525-3428 |
|----------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Spectrum Health Medical Group | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2019
Transaction ID : 10287250

Amount of Each Receipt this Period
 100.00

Memo Item

C. Dietz, John, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 Emerald Viking Court

| | | |
|-------------------|-------------|------------------------|
| City Westfield | State IN | Zip Code 46074-7621 |
|-------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) OrthoIndy | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2019
Transaction ID : 10287251

Amount of Each Receipt this Period
 1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3600.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 98 OF 495 |
| <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. Wittig, James, C, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Kitchell Rd
 City Morristown State NJ Zip Code 07960-6579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hackensack University Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 13 / 2019
Transaction ID : 10287252
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Hussain, Suleman, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6817 Still Creek Pass
 City Bettendorf State IA Zip Code 52722-7567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 16 / 2019
Transaction ID : 10287335
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Pinto, Mark, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1382 Waterways Dr
 City Ann Arbor State MI Zip Code 48108-2751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 16 / 2019
Transaction ID : 10287336
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 834.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 99 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Snyder, Matthew, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14912 Chopine Pass
 City Roanoke State IN Zip Code 46783-9308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 16 / 2019
Transaction ID : 10287337
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Grimm, Matthew, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Avenue B
 City Marrero State LA Zip Code 70072-3112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 16 / 2019
Transaction ID : 10287338
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Forman, Scott, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 San Miguel Dr Ste 701
 City Newport Beach State CA Zip Code 92660-5927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 16 / 2019
Transaction ID : 10287339
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 419.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 100 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Greene, Robert, Neil, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1211 N 16th Ave

| | | |
|----------------|-------------|------------------------|
| City Yakima | State WA | Zip Code 98902-1347 |
|----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 17 | / | 2019 |

Transaction ID : 10288294

Amount of Each Receipt this Period
84.00

Memo Item

B. Shah, Roshan, P, , MD, JD, FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 West 110th Street
Apt 3E

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10025-2105 |
|------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Columbia University Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 19 | / | 2019 |

Transaction ID : 10288442

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 123 Brittany Ln

| | | |
|-----------------------|-------------|------------------------|
| City Hollidaysburg | State PA | Zip Code 16648-9269 |
|-----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
336.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 19 | / | 2019 |

Transaction ID : 10288443

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 101 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Schmitz, Matthew, R, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Ottawa Run

| | | |
|----------------------|-------------|------------------------|
| City Shavano Park | State TX | Zip Code 78231-1457 |
|----------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) San Antonio Military Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 19 | | 2019 |

Transaction ID : 10288444

Amount of Each Receipt this Period
84.00

Memo Item

B. Mitros, Stephen, F, , MD, FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51045 Erin Glen Dr

| | | |
|-----------------|-------------|------------------------|
| City Granger | State IN | Zip Code 46530-9089 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
604.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 19 | | 2019 |

Transaction ID : 10288445

Amount of Each Receipt this Period
84.00

Memo Item

C. Cooper, Scott, Snow, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 NW A St

| | | |
|---------------------|-------------|------------------------|
| City Bentonville | State AR | Zip Code 72712-5216 |
|---------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Mercy Clinic Orthopedics | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
504.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 19 | | 2019 |

Transaction ID : 10289751

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 102 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 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, George, V, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Hawthorne Vale
 City Ridgeland State MS Zip Code 39157-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Mississippi Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt **08 / 16 / 2019**
Transaction ID : 10290233
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Urband, Lindsey, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8008 Frost St Ste 403
 City San Diego State CA Zip Code 92123-4209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hand Center of San Antonio Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt **08 / 05 / 2019**
Transaction ID : 10290254
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Schutte, H, Del, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2926 Jasper Blvd
 City Sullivans Island State SC Zip Code 29482-9600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 05 / 2019**
Transaction ID : 10290255
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 674.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Jackson, James, Benjamin, , MD, FAAOS

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

Mailing Address 4 Cotting Ct

| | | |
|--------------|-------------|------------------------|
| City Irmo | State SC | Zip Code 29063-9547 |
|--------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 05 | | 2019 |

Transaction ID : 10290257

Amount of Each Receipt this Period
500.00

Memo Item

B. Armocida, Frank, Michael, , MD, FAAOS

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

Mailing Address 118 Poplar Hill Lane

| | | |
|--------------------|-------------|------------------------|
| City Greenville | State SC | Zip Code 29615-6086 |
|--------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Spartanburg Regional | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 05 | | 2019 |

Transaction ID : 10290258

Amount of Each Receipt this Period
500.00

Memo Item

C. Jarrett, Joe, Nelson, , Jr, MD, FA

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

Mailing Address 9403 Kings Rd

| | | |
|----------------------|-------------|------------------------|
| City Myrtle Beach | State SC | Zip Code 29572-4735 |
|----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 05 | | 2019 |

Transaction ID : 10290260

Amount of Each Receipt this Period
250.00

Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 104 OF 495 |
| | <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. Gross, Thomas, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Southlake Road
 City Columbia State SC Zip Code 29223-5911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midlands Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2019
Transaction ID : 10290264
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Painter, Carl, F, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5337 Old Litchfield Trail
 City Litchfield State IL Zip Code 62056-4570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2019
Transaction ID : 10290265
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Woolf, Shane, Kelby, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Orthopaedics
 171 Ashley Ave CSB 708
 City Charleston State SC Zip Code 29425-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical University of South Carolina Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2019
Transaction ID : 10290266
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 105 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Engstrom, Stephen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1215 21st Avenue South
 Suite 4200
 City Nashville State TN Zip Code 37232-8774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Univ-Vanderbilt Ortho Inst Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 08 / 05 / 2019
Transaction ID : 10290267
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Mazoue, Christopher, G, MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Spring Lake Road
 City Columbia State SC Zip Code 29206-2148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 08 / 05 / 2019
Transaction ID : 10290269
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Greer, William, James, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Vintage Dr.
 City Pawleys Island State SC Zip Code 29585-5370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Waccamaw Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2019
Transaction ID : 10290272
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 106 OF 495 |
| | <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. McCoy, James, J., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2880 Tricom St
 City North Charleston State SC Zip Code 29406-9171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2019
Transaction ID : 10290274
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Joseph, Thomas, N., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1910 Lyttleton St
 City Camden State SC Zip Code 29020-2714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Freedom Orthopedic and Rehab Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2019
Transaction ID : 10290275
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Cobbe, Fraser, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21013 Lake Vienna Dr
 City Land O Lakes State FL Zip Code 34638-8312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cobbe Consulting and Management Occupation (for Individual) State Society Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 05 / 2019
Transaction ID : 10290276
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 107 OF 495 |
| | <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. Mitchell, Michael, David, , MD, FAAOS

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

Mailing Address 109 Whites Mill Way

| | | |
|---------------------|-------------|------------------------|
| City Spartanburg | State SC | Zip Code 29307-1777 |
|---------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 08 / 05 / 2019 |

Transaction ID : 10290278

Amount of Each Receipt this Period
250.00

Memo Item

B. Sheehan, John, P, , MD, FAAOS

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

Mailing Address 6621 Cuming St

| | | |
|---------------|-------------|------------------------|
| City Omaha | State NE | Zip Code 68132-1121 |
|---------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Boys Town | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 08 / 06 / 2019 |

Transaction ID : 10290281

Amount of Each Receipt this Period
84.00

Memo Item

C. Harrison, Alicia, Karin, , MD, FAAOS

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

Mailing Address 1942 Humboldt Ave S

| | | |
|---------------------|-------------|------------------------|
| City Minneapolis | State MN | Zip Code 55403-2815 |
|---------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 08 / 06 / 2019 |

Transaction ID : 10290282

Amount of Each Receipt this Period
84.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 108 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Young, Melissa, , JD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 Ste 500
 City Rosemont State IL Zip Code 60018-4975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Ortho Surgeons Occupation (for Individual) General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 06 / 2019
Transaction ID : 10290283
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Tran, Tuan, Christopher, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 168 Breezes Dr
 Unit 38C
 City Lexington State SC Zip Code 29072-6998
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Camden Bone and Joint Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 09 / 2019
Transaction ID : 10290284
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Cannada, Lisa, K, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14357 Cottage Lake Road
 City Jacksonville State FL Zip Code 32224-0849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Florida College of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 09 / 2019
Transaction ID : 10290285
 Amount of Each Receipt this Period 84.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 109 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Huddleston, James, Irvin, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Harkins Road
 City Woodside State CA Zip Code 94062-4516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Stanford Medicine Outpatient Center Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2019
Transaction ID : 10290286
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Cimino, William, Gerard, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 Merwins Ln
 City Fairfield State CT Zip Code 06824-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2019
Transaction ID : 10290287
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Fragomen, Austin, Thomas, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48-25 64th St
 City Woodside State NY Zip Code 11377-5839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Hospital for Special Surgery 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
 08 / 12 / 2019
Transaction ID : 10290288
 Amount of Each Receipt this Period
 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 434.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 110 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Parsley, Brian, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5420 West Loop South
 Suite 2400
 City Belleaire State TX Zip Code 77401-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Health Physicians Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 502.00

Date of Receipt 08 / 13 / 2019
Transaction ID : 10290289
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Brown, Barrett, Shytles, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Fondren Orthopedic Group
 7401 Main St
 City Houston State TX Zip Code 77030-4509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 20 / 2019
Transaction ID : 10299364
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Olson, Craig, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Eagle Ridge Court
 City Manitowoc State WI Zip Code 54220-8625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 20 / 2019
Transaction ID : 10299365
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 111 OF 495 |
| | <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. Chapman, Cary, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1534 Victory Blvd
 Ste 1
 City Staten Island State NY Zip Code 10314-3530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 21 / 2019
Transaction ID : 10300531
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Stoeckl, Andrew, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Fairlawn Dr
 City Amherst State NY Zip Code 14226-3422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Excelsior Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 664.00

Date of Receipt 08 / 21 / 2019
Transaction ID : 10300532
 Amount of Each Receipt this Period 83.00
 Memo Item

C. Stronach, Benjamin, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Antlers Ln
 City Madison State MS Zip Code 39110-8011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Mississippi Hlth Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 21 / 2019
Transaction ID : 10300533
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 417.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Hudson, Jim, K, , MD, FAAOS

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

Mailing Address 13904 West El Bonito

| | | |
|-----------------------|-------------|------------------------|
| City Ocean Springs | State MS | Zip Code 39564-5711 |
|-----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 21 | | 2019 |

Transaction ID : 10300713

Amount of Each Receipt this Period
250.00

Memo Item

B. Sherbondy, Paul, Strawn, , MD, FAAOS

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

Mailing Address 507 Beaumont Drive

| | | |
|-----------------------|-------------|------------------------|
| City State College | State PA | Zip Code 16801-8311 |
|-----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 22 | | 2019 |

Transaction ID : 10300740

Amount of Each Receipt this Period
84.00

Memo Item

C. Mansfield, David, J, , MD, FAAOS

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

Mailing Address 773 Azalea Pl

| | | |
|-----------------|-------------|------------------------|
| City El Paso | State TX | Zip Code 79922-2001 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) El Paso Orthopaedic Surgery Group | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
922.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 22 | | 2019 |

Transaction ID : 10300741

Amount of Each Receipt this Period
84.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 113 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Jackson, Jeffrey, D, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5150 Alvera Dr

| | | |
|------------------|-------------|------------------------|
| City Holladay | State UT | Zip Code 84117-7121 |
|------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Salt Lake Orthopedic Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 22 | | 2019 |

Transaction ID : 10300743

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 2076 Hycroft Dr

| | | |
|--------------------|-------------|------------------------|
| City Pittsburgh | State PA | Zip Code 15241-2249 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 22 | | 2019 |

Transaction ID : 10300744

Amount of Each Receipt this Period
250.00

Memo Item

c. Hayter, Ronald, G, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2146 Camden Way

| | | |
|--------------------|-------------|------------------------|
| City Clearwater | State FL | Zip Code 33759-1023 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 22 | | 2019 |

Transaction ID : 10300745

Amount of Each Receipt this Period
250.00

Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 114 OF 495 |
| | <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. Veitch, Andrew, John, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13416 Desert Zinnia Ct NE
 City Albuquerque State NM Zip Code 87111-7154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 672.00

Date of Receipt 08 / 22 / 2019
Transaction ID : 10300746
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Paynter, Thomas, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4900 Deer View Rd NE
 City Cedar Rapids State IA Zip Code 52411-7871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Elmendorf Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 08 / 22 / 2019
Transaction ID : 10300747
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Hebert-Davies, Jonah, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Dexter Ave N Apt 807
 City Seattle State WA Zip Code 98109-4379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Harborview Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt 08 / 22 / 2019
Transaction ID : 10300748
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 115 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Hire, Justin, M, , MD, FAAOS

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

Mailing Address 8 Newton Court

| | | |
|---------------------------|-------------|------------------------|
| City Fort Leonard Wood | State MO | Zip Code 65473-1308 |
|---------------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 22 | | 2019 |

Transaction ID : 10300749

Amount of Each Receipt this Period
42.00

Memo Item

B. Rasmussen, Linda, J, , MD, FAAOS

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

Mailing Address 649 Kanaha St

| | | |
|----------------|-------------|------------------------|
| City Kailua | State HI | Zip Code 96734-1941 |
|----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Windward Orthopedic Group Inc | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 22 | | 2019 |

Transaction ID : 10300997

Amount of Each Receipt this Period
500.00

Memo Item

C. Navarro, Ronald, Anthony, , MD, FAAOS

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

Mailing Address 18 Wide Loop Rd

| | | |
|-----------------------|-------------|------------------------|
| City Rolling Hills | State CA | Zip Code 90274-5234 |
|-----------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Kaiser Permanente South Bay | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 23 | | 2019 |

Transaction ID : 10301108

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 626.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <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. More, Robert, Cameron, , MD, FAAOS

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

Mailing Address 8100 Wescott Drive
Suite 101

| | | |
|--------------------|-------------|------------------------|
| City Flemington | State NJ | Zip Code 08822-4671 |
|--------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Hunterdon Orthopaedic Institute | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 23 | | 2019 |

Transaction ID : 10301109

Amount of Each Receipt this Period
84.00

Memo Item

B. LeGrand, Alexander, Benton, , MD, FAAOS

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

Mailing Address 1450 Ellis St Ste 201

| | | |
|-----------------|-------------|------------------------|
| City Bozeman | State MT | Zip Code 59715-8813 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Bridger Orthopedics and Sports Medicin | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 23 | | 2019 |

Transaction ID : 10301111

Amount of Each Receipt this Period
500.00

Memo Item

C. Hartsock, Langdon, A, , MD, FAAOS

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

Mailing Address 188 Tradd Street

| | | |
|--------------------|-------------|------------------------|
| City Charleston | State SC | Zip Code 29401-1818 |
|--------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Med Univ of SC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 24 | | 2019 |

Transaction ID : 10301148

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 668.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 117 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Malone, Stephen, L, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 923 Westover Rd

| | | |
|--------------------|-------------|------------------------|
| City Wilmington | State DE | Zip Code 19807-2980 |
|--------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) The Orthopaedic Spine Ctr PA | Occupation (for Individual) 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 |
| 08 | | 24 | | 2019 |

Transaction ID : 10301149

Amount of Each Receipt this Period
100.00

Memo Item

B. Gerlinger, COL. (ret) Tad, L, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 596 Provident Ave

| | | |
|------------------|-------------|------------------------|
| City Winnetka | State IL | Zip Code 60093-2213 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 24 | | 2019 |

Transaction ID : 10301150

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1491 LaChona Court NE

| | | |
|-----------------|-------------|------------------------|
| City Atlanta | State GA | Zip Code 30329-3481 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 24 | | 2019 |

Transaction ID : 10301151

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 434.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 118 OF 495 |
| <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. Jester, Adam, F, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8420 Boxwood Dr
 City Tampa State FL Zip Code 33615-4939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Medical Group of Tampa Bay Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 24 / 2019
Transaction ID : 10301155
 Amount of Each Receipt this Period 300.00
 Memo Item

B. McCulloch, Patrick, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 Buckingham Drive
 City Venetia State PA Zip Code 15367-2383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Ortho & Rehab Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 25 / 2019
Transaction ID : 10301157
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Swenning, Todd, Allen, , MD,FACS,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41970 Rancho Manana Lane
 City Rancho Mirage State CA Zip Code 92270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 08 / 25 / 2019
Transaction ID : 10301160
 Amount of Each Receipt this Period 83.33
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 467.33 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 119 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Beltran, Michael, John, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address UC Dept of Orthopaedic Surgery
 231 Albert Sabin Way Room 5553
 City Cincinnati State OH Zip Code 45267-0212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Department of Orthopaedics and Rehabil Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 252.00

Date of Receipt 08 / 26 / 2019
Transaction ID : 10301161
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Kirol, Bernard, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 338 Turnwall Ln
 City Elgin State SC Zip Code 29045-9507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 08 / 27 / 2019
Transaction ID : 10301913
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Reynolds, Kirk, Allen, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11901 Fairway Dr
 City Little Rock State AR Zip Code 72212-3424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arkansas Specialty Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 672.00

Date of Receipt 08 / 27 / 2019
Transaction ID : 10301914
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 243.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Sarwahi, Vishal, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 West 42nd St
 Apt 3912
 City New York State NY Zip Code 10036-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cohen Children's Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 27 / 2019
Transaction ID : 10301915
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Baker, Donald, Earl, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 Little Creek Road
 City Flowood State MS Zip Code 39232-8682
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Merit Health Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 27 / 2019
Transaction ID : 10301916
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Giammattei, Frank, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Woodbrook Rd
 City Swarthmore State PA Zip Code 19081-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2019
Transaction ID : 10302754
 Amount of Each Receipt this Period 84.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 121 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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, Joshua, Layne, , MD, FAAOS

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

Mailing Address 3726 Tangley Rd

| | | |
|-----------------|-------------|------------------------|
| City Houston | State TX | Zip Code 77005-2032 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 28 | | 2019 |

Transaction ID : 10302755

Amount of Each Receipt this Period
84.00

Memo Item

B. Easley, Mark, E, , MD, FAAOS

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

Mailing Address Duke Medicine
4709 Creekstone Drive

| | | |
|----------------|-------------|------------------------|
| City Durham | State NC | Zip Code 27703-9822 |
|----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Duke Medicine | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 28 | | 2019 |

Transaction ID : 10302756

Amount of Each Receipt this Period
84.00

Memo Item

c. Carolan, Gregory, Francis, , MD, FAAOS

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

Mailing Address 1806 Meadow Ridge Ct

| | | |
|-------------------|-------------|------------------------|
| City Bethlehem | State PA | Zip Code 18015-5003 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) St Luke's Ortho Surg Group | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 28 | | 2019 |

Transaction ID : 10302757

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 252.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 122 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Torres, Daniel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1488 Shelburne Ct
 City Allentown State PA Zip Code 18104-1949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Med Branch Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 28 / 2019
Transaction ID : 10302758
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Chandler, David, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Middle Plantation Ln
 City Gulf Breeze State FL Zip Code 32561-4899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 08 / 28 / 2019
Transaction ID : 10302759
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Allard, Mark, Michael, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3010 Cortney Circle
 City Siloam Springs State AR Zip Code 72761-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2019
Transaction ID : 10302760
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 253.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 123 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 122 Stillwood Ct

| | | |
|------------------|-------------|------------------------|
| City New Bern | State NC | Zip Code 28560-8040 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
636.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 28 | | 2019 |

Transaction ID : 10302761

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 31219 Lakeview Ave

| | | |
|------------------|-------------|------------------------|
| City Red Wing | State MN | Zip Code 55066-5630 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 28 | | 2019 |

Transaction ID : 10302762

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1100 Walker Road

| | | |
|---------------------|-------------|------------------------|
| City Great Falls | State VA | Zip Code 22066-1818 |
|---------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Walter Reed National Military Medical | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 28 | | 2019 |

Transaction ID : 10302763

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 584.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 124 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Connair, Michael, P, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 Old Hartford Turnpike

| | | |
|----------------|-------------|------------------------|
| City Hamden | State CT | Zip Code 06517-3522 |
|----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 29 | | 2019 |

Transaction ID : 10303516

Amount of Each Receipt this Period
250.00

Memo Item

B. Porter, Scott, Edward, , MD, MBA, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 Jonesville Road

| | | |
|----------------------|-------------|------------------------|
| City Simpsonville | State SC | Zip Code 29681-4411 |
|----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
664.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 29 | | 2019 |

Transaction ID : 10303517

Amount of Each Receipt this Period
416.00

Memo Item

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

Mailing Address 585 Cranbury Rd

| | | |
|------------------------|-------------|------------------------|
| City East Brunswick | State NJ | Zip Code 08816-4026 |
|------------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) POA | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 29 | | 2019 |

Transaction ID : 10303811

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1666.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (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 495 |
| | <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. Cassidy, Carter, , , MD, FAAOS

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

Mailing Address 4890 Faulkirk Lane

| | | |
|-------------------|-------------|------------------------|
| City Lexington | State KY | Zip Code 40515-1177 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) University of Kentucky Res Program | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2019

Transaction ID : 10304536

Amount of Each Receipt this Period
85.00

Memo Item

B. Ellis, Henry, Bone, , Jr, MD, FA

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

Mailing Address 2945 Stanford Ave

| | | |
|----------------|-------------|------------------------|
| City Dallas | State TX | Zip Code 75225-7802 |
|----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Texas Scottish Rite Sports Medicine | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2019

Transaction ID : 10304537

Amount of Each Receipt this Period
84.00

Memo Item

C. Reed, Lori, K, , MD, FAAOS

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

Mailing Address 107 Klaas Boulevard

| | | |
|-----------------|-------------|------------------------|
| City Madison | State MS | Zip Code 39110-9118 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) University of Mississippi Medical Cent | Occupation (for Individual) 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 / 01 / 2019

Transaction ID : 10304538

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 253.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 126 OF 495 |
| | <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. Bailey, James, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10439 Blue Summit Court
 City San Diego State CA Zip Code 92131-6113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 01 / 2019
Transaction ID : 10304539
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Kwong, Louis, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Box 422
 1000 W Carson St
 City Torrance State CA Zip Code 90508-0422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 02 / 2019
Transaction ID : 10304855
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mather, Richard, C, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Watts St
 City Durham State NC Zip Code 27701-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 02 / 2019
Transaction ID : 10304856
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 376.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 127 OF 495 |
| | <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. Uppal, Renny, , , MD, FAAOS

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

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 (for Individual) Self Employed | Occupation (for Individual) 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 / 02 / 2019

Transaction ID : 10304857

Amount of Each Receipt this Period
84.00

Memo Item

B. Brophy, Robert, H, , MD,FAAOS

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

Mailing Address 7 Maryhill Dr

| | | |
|---------------------|-------------|------------------------|
| City Saint Louis | State MO | Zip Code 63124-1368 |
|---------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2019

Transaction ID : 10304858

Amount of Each Receipt this Period
250.00

Memo Item

c. Dhillon, Manjit, S, , MD,FAAOS

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

Mailing Address 12705 Hogans Dr

| | | |
|-----------------|-------------|------------------------|
| City Chester | State VA | Zip Code 23836-2676 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Southside Regional Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2019

Transaction ID : 10304859

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 128 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Wyatt, Ronald, W B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kaiser Permanente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 03 / 2019
Transaction ID : 10306158
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Flanagan, Jill, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4025 Navajo Trail NE
 City Brookhaven State GA Zip Code 30319-1528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Healthcare of Atlanta Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2019
Transaction ID : 10306160
 Amount of Each Receipt this Period 800.00
 Memo Item

C. Bercik, Michael, J, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 Center Road
 City Lancaster State PA Zip Code 17603-4730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 20 / 2019
Transaction ID : 10307951
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|--------|
| 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 129 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Jiranek, William, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4066 Old River Trail
 City Powhatan State VA Zip Code 23139-4111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 22 / 2019
Transaction ID : 10307952
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Glusenkamp, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 22 / 2019
Transaction ID : 10307953
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Besh, Basil, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6135 Clubhouse Dr
 City Pleasanton State CA Zip Code 94566-9864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 23 / 2019
Transaction ID : 10307954
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 218.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Jevsevar, David, S, , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2267
 City New London State NH Zip Code 03257-2267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dartmouth-Hitchcock Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 26 / 2019
Transaction ID : 10307956
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Damalas, Dino, , , MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018-4975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 27 / 2019
Transaction ID : 10307957
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Iorio, Richard, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Prince St
 City Beverly State MA Zip Code 01915-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Langone Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 28 / 2019
Transaction ID : 10307959
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1168.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 131 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Epps, Howard, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1936 Wroxtton Road
 City Houston State TX Zip Code 77005-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 30 / 2019
Transaction ID : 10307960
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Waddell, Bradford, Sutton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 Weaver St Apt 3H
 City Greenwich State CT Zip Code 06831-4260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1672.00

Date of Receipt 08 / 30 / 2019
Transaction ID : 10307961
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Lopez, David, Vincent, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Courtney Ct
 City Freehold State NJ Zip Code 07728-9564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 30 / 2019
Transaction ID : 10307962
 Amount of Each Receipt this Period 84.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 132 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Dulske, Michael, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Burney Drive
 City Flowood State MS Zip Code 39232-6621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Ortho Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 30 / 2019
Transaction ID : 10307963
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hinchey, John, William, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 Normandy Ave
 City San Antonio State TX Zip Code 78209-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 04 / 2019
Transaction ID : 10307969
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mosley, Emmett, Wayne, , MD, FAAOS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 Crescent Hills Way
 City Lakeland State FL Zip Code 33813-4675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 04 / 2019
Transaction ID : 10307970
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 434.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 133 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Ayers, Michael, E, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Crescent Ave

| | | |
|------------------|-------------|------------------------|
| City Scituate | State MA | Zip Code 02066-4309 |
|------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) South Shore Orthopedics | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 04 | | 2019 |

Transaction ID : 10307971

Amount of Each Receipt this Period
250.00

Memo Item

B. Smith, Eric, Louis, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Boston Medical Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
776.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 04 | | 2019 |

Transaction ID : 10307972

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 1925 Roosevelt St

| | | |
|--------------------|-------------|------------------------|
| City North Bend | State OR | Zip Code 97459-1819 |
|--------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) North Bend Medical Center | Occupation (for Individual) 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 | | 04 | | 2019 |

Transaction ID : 10307973

Amount of Each Receipt this Period
84.00

Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 134 OF 495 |
| | <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. Schmidt, Todd, A., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2865 Lake Park Drive
 City Jonesboro State GA Zip Code 30236-4133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 05 / 2019
Transaction ID : 10309263
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Lintecum, Neal, D., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 789 N 1500 Road
 City Lawrence State KS Zip Code 66049-9194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 05 / 2019
Transaction ID : 10309264
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Wynder, Steven, G., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Parkview Ortho Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 05 / 2019
Transaction ID : 10309265
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 534.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 6515 126th Ave NE

| | | |
|------------------|-------------|------------------------|
| City Kirkland | State WA | Zip Code 98033-8569 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 05 | | 2019 |

Transaction ID : 10309266

Amount of Each Receipt this Period
84.00

Memo Item

B. Farber, Daniel, C, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 Fairhill Rd

| | | |
|-------------------|-------------|------------------------|
| City Wynnewood | State PA | Zip Code 19096-1804 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Penn Medicine Orthopaedics | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 06 | | 2019 |

Transaction ID : 10309941

Amount of Each Receipt this Period
250.00

Memo Item

C. Early, John, S, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8210 Walnut Hill Ln
Ste 130

| | | |
|----------------|-------------|------------------------|
| City Dallas | State TX | Zip Code 75231-4418 |
|----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Texas Orthopaedic Associates | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 06 | | 2019 |

Transaction ID : 10309942

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 136 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Bear, Brian, Jeffrey, , MD, FAAOS

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

Mailing Address 324 Roxbury Rd

| | | |
|------------------|-------------|------------------------|
| City Rockford | State IL | Zip Code 61107-5090 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 06 | | 2019 |

Transaction ID : 10309943

Amount of Each Receipt this Period
250.00

Memo Item

B. Justice, Benjamin, Jay, , MD, FAAOS

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

Mailing Address 4676 Pascagoula Run

| | | |
|-------------------|-------------|------------------------|
| City Greenwood | State IN | Zip Code 46143-6849 |
|-------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Ortholndy | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 06 | | 2019 |

Transaction ID : 10309944

Amount of Each Receipt this Period
250.00

Memo Item

C. Pierce, Troy, D, , MD, FAAOS

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

Mailing Address 4012 Edgewater Pl SE

| | | |
|----------------|-------------|------------------------|
| City Mandan | State ND | Zip Code 58554-7968 |
|----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) The Bone & Joint Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 06 | | 2019 |

Transaction ID : 10309945

Amount of Each Receipt this Period
250.00

Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 137 OF 495 |
| | <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. Handling, Matthew, Alexander, , MD, FAAOS

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

Mailing Address 102 Somerset Rd

| | | |
|---------------------|-------------|------------------------|
| City Talleyville | State DE | Zip Code 19803-4525 |
|---------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) First State Orthopaedics | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2019

Transaction ID : 10309977

Amount of Each Receipt this Period
500.00

Memo Item

B. Green, Daniel, William, , MD,FAAOS

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

Mailing Address Hospital for Special Surgery
535 East 70th St

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10021-4823 |
|------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Hosp for Special Surgery | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2019

Transaction ID : 10312865

Amount of Each Receipt this Period
175.00

Memo Item

C. Hildebrand, Randall, , , MD,FAAOS

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

Mailing Address 1711 Lincoln St

| | | |
|--------------------|-------------|------------------------|
| City Great Bend | State KS | Zip Code 67530-7510 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2019

Transaction ID : 10312866

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 925.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Milam, R, Alden, , IV, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3320 Selwyn Ave
 City Charlotte State NC Zip Code 28209-3326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Spine Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 07 / 2019
Transaction ID : 10312867
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kiner, Dirk, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 438 Oliver Street
 City Chattanooga State TN Zip Code 37405-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 07 / 2019
Transaction ID : 10312868
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Law, Brian, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 541 E Erie Street Unit 314
 City Milwaukee State WI Zip Code 53202-6238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 07 / 2019
Transaction ID : 10312869
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 139 OF 495 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Mailing Address 2816 Hedgewyk Pl

| | | |
|-------------------|-------------|------------------------|
| City Charlotte | State NC | Zip Code 28211-1663 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Carolinas Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 07 | | 2019 |

Transaction ID : 10312870

Amount of Each Receipt this Period
250.00

Memo Item

B. Gray, F, Scott, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Olmstead Lane

| | | |
|--------------------|-------------|------------------------|
| City Ridgefield | State CT | Zip Code 06877-5506 |
|--------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Connecticut Family Orthopaedics | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 08 | | 2019 |

Transaction ID : 10312896

Amount of Each Receipt this Period
250.00

Memo Item

C. Higgins, Michael, E, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5236 Rockport Landing

| | | |
|-----------------|-------------|------------------------|
| City Suffolk | State VA | Zip Code 23435-3518 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Tidewater Orthopaedic Assoc | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
588.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 08 | | 2019 |

Transaction ID : 10312897

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 140 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Szczech, Bartlomiej, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Intervale Way
 City Lake Placid State NY Zip Code 12946-3240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Joseph's Hospital Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 08 / 2019
Transaction ID : 10312898
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Clain, Michael, R, MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Indian Head Rd
 City Riverside State CT Zip Code 06878-2403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 09 / 2019
Transaction ID : 10312899
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Moore, Slade, C, MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 09 / 2019
Transaction ID : 10312900
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 434.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 141 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Bernard, Johnathan, , , MD, MPH, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13350 Franklin Farm Road
Suite 220

| | | |
|-----------------|-------------|------------------------|
| City Herndon | State VA | Zip Code 20171-4095 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) National Sports Medicine Institute | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 10 | | 2019 |

Transaction ID : 10313242

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 2900 Hannah Blvd
Ste 212

| | | |
|----------------------|-------------|------------------------|
| City East Lansing | State MI | Zip Code 48823-5382 |
|----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 10 | | 2019 |

Transaction ID : 10313244

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 1335 Coffee Rd
Ste 100

| | | |
|-----------------|-------------|------------------------|
| City Modesto | State CA | Zip Code 95355-3192 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 11 | | 2019 |

Transaction ID : 10314257

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 142 OF 495 |
| <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. Espinoza, Luis, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Savannah Ridge Lane
 City Metairie State LA Zip Code 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 11 / 2019
Transaction ID : 10314258
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Pushkarewicz, Michael, J, , MD, FAAOS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 Braken Ave
 City Wilmington State DE Zip Code 19808-4399
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First State Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 12 / 2019
Transaction ID : 10315870
 Amount of Each Receipt this Period 42.00
 Memo Item

C. Winston, Jonathan, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4534 Shadowbrook Court
 City Bettendorf State IA Zip Code 52722-6585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 12 / 2019
Transaction ID : 10315872
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 210.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <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. Bettin, Clayton, Charles, , MD, FAAOS

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

Mailing Address 5047 Shady Hall Ct

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-1519 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.03

Date of Receipt
 09 / 10 / 2019

Transaction ID : 10315900

Amount of Each Receipt this Period
 41.67

Memo Item

B. Calandrucchio, James, H, , MD, FAAOS

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

Mailing Address Campbell Clinic
 1400 S Germantown Rd

| | | |
|--------------------|-------------|------------------------|
| City Germantown | State TN | Zip Code 38138-2205 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.03

Date of Receipt
 09 / 10 / 2019

Transaction ID : 10315901

Amount of Each Receipt this Period
 41.67

Memo Item

C. Cannon, David, L, , MD,MBA,FAA

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

Mailing Address 2639 Fox Hill Circle East

| | | |
|--------------------|-------------|------------------------|
| City Germantown | State TN | Zip Code 38139-6817 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 776.00

Date of Receipt
 09 / 10 / 2019

Transaction ID : 10315902

Amount of Each Receipt this Period
 84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 167.34 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Crockarell, John, R, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave
 Ste 100
 City Collierville State TN Zip Code 38017-0630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315903
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Grear, Benjamin, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 LaGrange Creek Dr
 City Eads State TN Zip Code 38028-8015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315905
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Guyton, James, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6422 Massey Estates Cove
 City Memphis State TN Zip Code 38120-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315906
 Amount of Each Receipt this Period 41.67
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 125.01 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Harkess, James, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar #100
 City Collierville State TN Zip Code 38017-0630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315907
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Heck, Robert, Kurt, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4938 Barfield Rd
 City Memphis State TN Zip Code 38117-2704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315908
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Kelly, Derek, Michael, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 256 Brenrich Cove
 City Memphis State TN Zip Code 38117-2834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315909
 Amount of Each Receipt this Period 41.67
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 125.01 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Mihalko, Marc, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4079 Barfield Road
 City Memphis State TN Zip Code 38117-1501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315912
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Miller, Robert, H, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 St Albans Fairway
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315913
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Murphy, Garnett, Andrew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic
 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315914
 Amount of Each Receipt this Period 41.67
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 133.34 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Perez, Edward, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 Saint Nick Dr
 City Memphis State TN Zip Code 38117-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315915
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Richardson, David, R, MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 636 Center Dr
 City Memphis State TN Zip Code 38112-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315917
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Rudloff, Matthew, Ian, MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10211 Ramblewood Dr
 City Arlington State TN Zip Code 38002-8549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315918
 Amount of Each Receipt this Period 41.67
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.01 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (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 495 |
| | <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. Sawyer, Jeffrey, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4450 Chickasaw Road
 City Memphis State TN Zip Code 38117-1717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315919
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Sheffer, Benjamin, West, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 281 Ben Avon Way
 City Memphis State TN Zip Code 38111-7702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315920
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Thompson, Norfleet, Buckner, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3784 Highland Park Place
 City Memphis State TN Zip Code 38111-6923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315921
 Amount of Each Receipt this Period 41.67
 Memo Item

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| SUBTOTAL of Receipts This Page (optional).....▶ | 125.01 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Throckmorton, Thomas, Ward, , MD,FAAOS

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

Mailing Address 4901 Fairfield Circle

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-4209 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt

| | | | | |
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| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 10 | | 2019 |

Transaction ID : 10315922

Amount of Each Receipt this Period
41.67

Memo Item

B. Warner, William, C, , Jr, MD, FA

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

Mailing Address 215 East Cherry Circle

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-3501 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 10 | | 2019 |

Transaction ID : 10315923

Amount of Each Receipt this Period
41.67

Memo Item

C. Weinlein, John, C, , MD,FAAOS

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

Mailing Address 145 Greenbriar Dr

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-3207 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.03

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 10 | | 2019 |

Transaction ID : 10315924

Amount of Each Receipt this Period
41.67

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 125.01 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 150 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Whittle, A, Paige, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 836 Harbor Isle Circle East
 City Memphis State TN Zip Code 38103-0836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315925
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Williams, Keith, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2336 Pinnacle Creek Dr
 City Germantown State TN Zip Code 38138-4626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315926
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Kamps, Bryan, Scott, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3741 Monarch Dr NE
 City Grand Rapids State MI Zip Code 49525-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Spectrum Health Medical Group Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 10 / 2019
Transaction ID : 10315957
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 183.34 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 151 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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 (for Individual) Retired | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 10 | | 2019 |

Transaction ID : 10315958

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 11 Seton Dr

| | | |
|--------------------|-------------|------------------------|
| City Shrewsbury | State MA | Zip Code 01545-5468 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
776.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 13 | | 2019 |

Transaction ID : 10316234

Amount of Each Receipt this Period
84.00

Memo Item

C. Hogan, MaCalus, Vinson, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Field Brook Lane

| | | |
|------------------|-------------|------------------------|
| City Gibsonia | State PA | Zip Code 15044-5328 |
|------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) University of Pittsburgh Medical Cente | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 13 | | 2019 |

Transaction ID : 10316235

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1334.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 152 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Gallant, Gregory, G, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3588 Wellsford Lane

| | | |
|--------------------|-------------|------------------------|
| City Doylestown | State PA | Zip Code 18902-1480 |
|--------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
749.97

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 13 | | 2019 |

Transaction ID : 10316237

Amount of Each Receipt this Period
83.33

Memo Item

B. Greenky, Seth, S, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 124 Buchman's Close Circle

| | | |
|----------------------|-------------|------------------------|
| City Fayetteville | State NY | Zip Code 13066-6680 |
|----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 13 | | 2019 |

Transaction ID : 10316247

Amount of Each Receipt this Period
1000.00

Memo Item

C. Courtney, Paul, Maxwell, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 902 S Front St

| | | |
|----------------------|-------------|------------------------|
| City Philadelphia | State PA | Zip Code 19147-4304 |
|----------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Rothman Institute | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 14 | | 2019 |

Transaction ID : 10316944

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1167.33 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 153 OF 495 |
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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. Hussain, Suleman, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6817 Still Creek Pass
 City Bettendorf State IA Zip Code 52722-7567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 ORA Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 16 / 2019
Transaction ID : 10316949
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Snyder, Matthew, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14912 Chopine Pass
 City Roanoke State IN Zip Code 46783-9308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 The Orthopedic Hospital of Lutheran He Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 16 / 2019
Transaction ID : 10316950
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Grimm, Matthew, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Avenue B
 City Marrero State LA Zip Code 70072-3112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 16 / 2019
Transaction ID : 10316951
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 253.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 154 OF 495 |
| <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. Wright, Rory, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10515 N Wood Crest Dr

| | | |
|----------------|-------------|------------------------|
| City Mequon | State WI | Zip Code 53092-6402 |
|----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 16 | / | 2019 |

Transaction ID : 10317389

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1211 N 16th Ave

| | | |
|----------------|-------------|------------------------|
| City Yakima | State WA | Zip Code 98902-1347 |
|----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 17 | / | 2019 |

Transaction ID : 10318986

Amount of Each Receipt this Period
84.00

Memo Item

c. Urband, Lindsey, , , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8008 Frost St Ste 403

| | | |
|-------------------|-------------|------------------------|
| City San Diego | State CA | Zip Code 92123-4209 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Hand Center of San Antonio | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 03 | / | 2019 |

Transaction ID : 10320017

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1168.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 155 OF 495 |
| | <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. Blotter, Robert, H, , MD, FAAOS

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

Mailing Address 1414 W Fair Ave
Ste 190

City Marquette State MI Zip Code 49855-2693

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

Name of Employer (for Individual) Occupation (for Individual)
Advanced Center of Orthopedics Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
09 / 04 / 2019

Transaction ID : 10320018

Amount of Each Receipt this Period
250.00

Memo Item

B. Engstrom, Stephen, , , MD

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

Mailing Address 1215 21st Avenue South
Suite 4200

City Nashville State TN Zip Code 37232-8774

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

Name of Employer (for Individual) Occupation (for Individual)
Vanderbilt Univ-Vanderbilt Ortho Inst Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt
09 / 04 / 2019

Transaction ID : 10320019

Amount of Each Receipt this Period
84.00

Memo Item

C. Sheehan, John, P, , MD, FAAOS

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

Mailing Address 6621 Cuming St

City Omaha State NE Zip Code 68132-1121

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

Name of Employer (for Individual) Occupation (for Individual)
Boys Town Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 756.00

Date of Receipt
09 / 06 / 2019

Transaction ID : 10320020

Amount of Each Receipt this Period
84.00

Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 156 OF 495 |
| | <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. Keeney, James, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1106 Shallow Ridge Circle
 City Columbia State MO Zip Code 65201-2930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Missouri Orthopaedic Instit Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 06 / 2019
Transaction ID : 10320021
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Migliori, Sidney, Premer, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Chief Botelho Ct
 City East Greenwich State RI Zip Code 02818-1251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortho Rhode Island Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 06 / 2019
Transaction ID : 10320022
 Amount of Each Receipt this Period 84.00
 Memo Item

C. DiCaprio, Matthew, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2028 Dobie Lane
 City Schenectady State NY Zip Code 12303-6013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region Orthopaedics Bone & Joi Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 09 / 09 / 2019
Transaction ID : 10320023
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 157 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Harrison, Alicia, Karin, , MD, FAAOS

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

Mailing Address 1942 Humboldt Ave S

| | | |
|---------------------|-------------|------------------------|
| City Minneapolis | State MN | Zip Code 55403-2815 |
|---------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 09 | | 2019 |

Transaction ID : 10320025

Amount of Each Receipt this Period
84.00

Memo Item

B. Cannada, Lisa, K, , MD,FAAOS

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

Mailing Address 14357 Cottage Lake Road

| | | |
|----------------------|-------------|------------------------|
| City Jacksonville | State FL | Zip Code 32224-0849 |
|----------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Univ of Florida College of Medicine | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 09 | | 2019 |

Transaction ID : 10320027

Amount of Each Receipt this Period
84.00

Memo Item

C. Shrock, Kevin, B, , MD,FAAOS

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

Mailing Address 1414 SE 3rd Ave

| | | |
|-------------------------|-------------|------------------------|
| City Fort Lauderdale | State FL | Zip Code 33316-1910 |
|-------------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 09 | | 2019 |

Transaction ID : 10320028

Amount of Each Receipt this Period
250.00

Memo Item

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 158 OF 495 |
| <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. Young, Melissa, , , JD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 Ste 500
 City Rosemont State IL Zip Code 60018-4975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Ortho Surgeons Occupation (for Individual) General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 09 / 2019
Transaction ID : 10320029
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Liu, Raymond, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22925 Shelburne Road
 City Shaker Heights State OH Zip Code 44122-2015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Hospitals, Case Medical Cen Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 10 / 2019
Transaction ID : 10320031
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Davis, Daniel, Edward, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Brookside Rd
 City Wallingford State PA Zip Code 19086-6208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thomas Jefferson Univ Hosp Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 11 / 2019
Transaction ID : 10320038
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| 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 159 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Cimino, William, Gerard, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1830 Merwins Ln

| | | |
|-------------------|-------------|------------------------|
| City Fairfield | State CT | Zip Code 06824-1608 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 12 | | 2019 |

Transaction ID : 10320039

Amount of Each Receipt this Period
84.00

Memo Item

B. Parsley, Brian, S, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5420 West Loop South Suite 2400

| | | |
|------------------|-------------|------------------------|
| City Bellaire | State TX | Zip Code 77401-2118 |
|------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) UT Health Physicians | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
586.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 13 | | 2019 |

Transaction ID : 10320040

Amount of Each Receipt this Period
84.00

Memo Item

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

Mailing Address 16 Evergreen Trail

| | | |
|----------------------|-------------|------------------------|
| City Orchard Park | State NY | Zip Code 14127-5102 |
|----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 18 | | 2019 |

Transaction ID : 10320858

Amount of Each Receipt this Period
250.00

Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 160 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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, Russell, F, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E 70th St
 City New York State NY Zip Code 10021-4892
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2019
Transaction ID : 10320929
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Fogarty, Jacqueline, M, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1251
 City South Boston State VA Zip Code 24592-1251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Suntara Domnion Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2019
Transaction ID : 10320930
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Berson, Lawrence, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 Arlen Way
 City West Hartford State CT Zip Code 06117-1104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MOS PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2019
Transaction ID : 10320946
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 161 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Ross, Steven, Douglas K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 886 Rosewood Circle
 City Incline Village State NV Zip Code 89451-8538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCI/Dept Ortho Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 09 / 17 / 2019
Transaction ID : 10320947
 Amount of Each Receipt this Period 525.00
 Memo Item

B. Sanders, Mark, Seltzer, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11315 Bothwell Way
 City Houston State TX Zip Code 77024-5302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2019
Transaction ID : 10320948
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hamilton, David, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2402 Patchen Wilkes Drive
 City Lexington State KY Zip Code 40509-4554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2019
Transaction ID : 10320949
 Amount of Each Receipt this Period 900.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2425.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Shah, Roshan, P, , MD, JD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 West 110th Street
 Apt 3E
 City New York State NY Zip Code 10025-2105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia University Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 19 / 2019
Transaction ID : 10321673
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Tyndall, William, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 Brittany Ln
 City Hollidaysburg State PA Zip Code 16648-9269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 19 / 2019
Transaction ID : 10321674
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Arend, Thomas, E, , Jr
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018-4974
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 19 / 2019
Transaction ID : 10321675
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 163 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Schmitz, Matthew, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Ottawa Run
 City Shavano Park State TX Zip Code 78231-1457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Antonio Military Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 09 / 19 / 2019
Transaction ID : 10321676
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Mitros, Stephen, F, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51045 Erin Glen Dr
 City Granger State IN Zip Code 46530-9089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mitros Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 688.00

Date of Receipt 09 / 19 / 2019
Transaction ID : 10321677
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Cooper, Scott, Snow, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 NW A St
 City Bentonville State AR Zip Code 72712-5216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Clinic Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 09 / 19 / 2019
Transaction ID : 10321678
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 164 OF 495 |
| | <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. Shen, Wen, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 Pond Hills Ct
 City Pleasant Valley State NY Zip Code 12569-5135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates of Dutchess Coun Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 20 / 2019
Transaction ID : 10322322
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Brown, Barrett, Shytles, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Fondren Orthopedic Group 7401 Main St
 City Houston State TX Zip Code 77030-4509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 20 / 2019
Transaction ID : 10322323
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Olson, Craig, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Eagle Ridge Court
 City Manitowoc State WI Zip Code 54220-8625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 20 / 2019
Transaction ID : 10322324
 Amount of Each Receipt this Period 84.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 165 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Gombera, Mufaddal, M, , MD, FAAOS

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

Mailing Address 323 Hunters Trail

| | | |
|-----------------|-------------|------------------------|
| City Houston | State TX | Zip Code 77024-6949 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Texas Orthopedic Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 20 | | 2019 |

Transaction ID : 10322325

Amount of Each Receipt this Period
250.00

Memo Item

B. Chapman, Cary, B, , MD, FAAOS

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

Mailing Address 1534 Victory Blvd Ste 1

| | | |
|-----------------------|-------------|------------------------|
| City Staten Island | State NY | Zip Code 10314-3530 |
|-----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 21 | | 2019 |

Transaction ID : 10322655

Amount of Each Receipt this Period
84.00

Memo Item

C. Stoeckl, Andrew, , , MD, FAAOS

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

Mailing Address 90 Fairlawn Dr

| | | |
|-----------------|-------------|------------------------|
| City Amherst | State NY | Zip Code 14226-3422 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
747.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 21 | | 2019 |

Transaction ID : 10322656

Amount of Each Receipt this Period
83.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 417.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Sherbondy, Paul, Strawn, , MD, FAAOS

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

Mailing Address 507 Beaumont Drive

| | | |
|-----------------------|-------------|------------------------|
| City State College | State PA | Zip Code 16801-8311 |
|-----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 22 | | 2019 |

Transaction ID : 10322657

Amount of Each Receipt this Period
84.00

Memo Item

B. Mansfield, David, J, , MD, FAAOS

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

Mailing Address 773 Azalea Pl

| | | |
|-----------------|-------------|------------------------|
| City El Paso | State TX | Zip Code 79922-2001 |
|-----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) El Paso Orthopaedic Surgery Group | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1006.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 22 | | 2019 |

Transaction ID : 10322658

Amount of Each Receipt this Period
84.00

Memo Item

C. Veitch, Andrew, John, , MD,FAAOS

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

Mailing Address 13416 Desert Zinnia Ct NE

| | | |
|---------------------|-------------|------------------------|
| City Albuquerque | State NM | Zip Code 87111-7154 |
|---------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
756.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 22 | | 2019 |

Transaction ID : 10322660

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 252.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 167 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Hire, Justin, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Newton Court
 City Fort Leonard Wood State MO Zip Code 65473-1308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 22 / 2019
Transaction ID : 10322661
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Styron, Joseph, F, , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14244 Calderdale Ln
 City Strongsville State OH Zip Code 44136-6713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2019
Transaction ID : 10322662
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Navarro, Ronald, Anthony, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Wide Loop Rd
 City Rolling Hills State CA Zip Code 90274-5234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente South Bay Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 23 / 2019
Transaction ID : 10322672
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 376.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 168 OF 495 |
| | <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. More, Robert, Cameron, , MD, FAAOS

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

Mailing Address 8100 Wescott Drive
Suite 101

| | | |
|--------------------|-------------|------------------------|
| City Flemington | State NJ | Zip Code 08822-4671 |
|--------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Hunterdon Orthopaedic Institute | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2019

Transaction ID : 10322673

Amount of Each Receipt this Period
84.00

Memo Item

B. Moon, Daniel, K, , MD, MBA, F

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

Mailing Address 5997 Beeler St

| | | |
|----------------|-------------|------------------------|
| City Denver | State CO | Zip Code 80238-3994 |
|----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2019

Transaction ID : 10322674

Amount of Each Receipt this Period
250.00

Memo Item

C. Hartsock, Langdon, A, , MD, FAAOS

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

Mailing Address 188 Tradd Street

| | | |
|--------------------|-------------|------------------------|
| City Charleston | State SC | Zip Code 29401-1818 |
|--------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Med Univ of SC | Occupation (for Individual) 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 / 24 / 2019

Transaction ID : 10325315

Amount of Each Receipt this Period
84.00

Memo Item

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 169 OF 495 |
| | <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. Malone, Stephen, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 Westover Rd
 City Wilmington State DE Zip Code 19807-2980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopaedic Spine Ctr PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2019
Transaction ID : 10325316
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Monson, David, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1491 LaChona Court NE
 City Atlanta State GA Zip Code 30329-3481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2019
Transaction ID : 10325317
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. McCulloch, Patrick, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 Buckingham Drive
 City Venetia State PA Zip Code 15367-2383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Ortho & Rehab Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2019
Transaction ID : 10325656
 Amount of Each Receipt this Period
 84.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 268.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 170 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Swenning, Todd, Allen, , MD,FACS,FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41970 Rancho Manana Lane

| | | |
|-----------------------|-------------|-------------------|
| City Rancho Mirage | State CA | Zip Code 92270 |
|-----------------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.31

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 25 | | 2019 |

Transaction ID : 10325657

Amount of Each Receipt this Period
83.33

Memo Item

B. Bruneau, Pierre, Andre, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Tanglewood Rd

| | | |
|-----------------------|-------------|------------------------|
| City Pleasantville | State NY | Zip Code 10570-2527 |
|-----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 25 | | 2019 |

Transaction ID : 10325658

Amount of Each Receipt this Period
250.00

Memo Item

c. Abrutyn, David, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Pitney Court

| | | |
|-----------------------|-------------|------------------------|
| City Basking Ridge | State NJ | Zip Code 07920-2150 |
|-----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 25 | | 2019 |

Transaction ID : 10325659

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 583.33 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 171 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Beltran, Michael, John, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address UC Dept of Orthopaedic Surgery
 231 Albert Sabin Way Room 5553
 City Cincinnati State OH Zip Code 45267-0212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Department of Orthopaedics and Rehabil Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00

Date of Receipt 09 / 26 / 2019
Transaction ID : 10326083
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Verner, James, John, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23075 Nottingham
 City Beverly Hills State MI Zip Code 48025-3416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2019
Transaction ID : 10326614
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Pearce, Charles, E, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Chenal Circle
 City Little Rock State AR Zip Code 72223-9566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UAMS Occupation (for Individual) Asst. Professor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2019
Transaction ID : 10326621
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 172 OF 495 |
| <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. Becker, Carl, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Southview Lane
 City Lititz State PA Zip Code 17543-8206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Westphal Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2019
Transaction ID : 10326657
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Ellis, Paul, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5847 Lakehurst Ave
 City Dallas State TX Zip Code 75230-5031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lankford Hand Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2019
Transaction ID : 10326659
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mitchell, Matthew, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3903 Otter
 City Casper State WY Zip Code 82604-4458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Summit Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2019
Transaction ID : 10326668
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 173 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Porter, David, Allen, , MD,PhD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6350 East 106th Street
 City Fishers State IN Zip Code 46038-1703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 25 / 2019**
Transaction ID : 10326669
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Kirol, Bernard, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 338 Turnwall Ln
 City Elgin State SC Zip Code 29045-9507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt **09 / 27 / 2019**
Transaction ID : 10326725
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Hettrich, Carolyn, , , MD,MPH,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Pearl Ln
 City Nicholasville State KY Zip Code 40356-9220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Iowa Sports Medicine Cen Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **09 / 27 / 2019**
Transaction ID : 10326726
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1325.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 174 OF 495 |
| | <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. Reynolds, Kirk, Allen, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11901 Fairway Dr
 City Little Rock State AR Zip Code 72212-3424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arkansas Specialty Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 27 / 2019
Transaction ID : 10326727
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Sarwahi, Vishal, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 West 42nd St Apt 3912
 City New York State NY Zip Code 10036-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cohen Children's Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 27 / 2019
Transaction ID : 10326729
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Giammattei, Frank, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Woodbrook Rd
 City Swarthmore State PA Zip Code 19081-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 28 / 2019
Transaction ID : 10330001
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 252.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 175 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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, Joshua, Layne, , MD, FAAOS

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

Mailing Address 3726 Tangley Rd

| | | |
|-----------------|-------------|------------------------|
| City Houston | State TX | Zip Code 77005-2032 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 28 | | 2019 |

Transaction ID : 10330002

Amount of Each Receipt this Period
84.00

Memo Item

B. Easley, Mark, E, , MD, FAAOS

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

Mailing Address Duke Medicine
4709 Creekstone Drive

| | | |
|----------------|-------------|------------------------|
| City Durham | State NC | Zip Code 27703-9822 |
|----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Duke Medicine | Occupation (for Individual) 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 | | 28 | | 2019 |

Transaction ID : 10330003

Amount of Each Receipt this Period
84.00

Memo Item

c. Carolan, Gregory, Francis, , MD, FAAOS

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

Mailing Address 1806 Meadow Ridge Ct

| | | |
|-------------------|-------------|------------------------|
| City Bethlehem | State PA | Zip Code 18015-5003 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) St Luke's Ortho Surg Group | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

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 | | 28 | | 2019 |

Transaction ID : 10330004

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 252.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 176 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Torres, Daniel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1488 Shelburne Ct
 City Allentown State PA Zip Code 18104-1949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Med Branch Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 28 / 2019
Transaction ID : 10330005
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Razi, Afshin, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Dogwood Rd
 City Great Neck State NY Zip Code 11024-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 28 / 2019
Transaction ID : 10330006
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Chandler, David, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Middle Plantation Ln
 City Gulf Breeze State FL Zip Code 32561-4899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 28 / 2019
Transaction ID : 10330007
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 419.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 177 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Allard, Mark, Michael, , MD, FAAOS

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

Mailing Address 3010 Cortney Circle

| | | |
|------------------------|-------------|------------------------|
| City Siloam Springs | State AR | Zip Code 72761-4736 |
|------------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 28 | | 2019 |

Transaction ID : 10330008

Amount of Each Receipt this Period
84.00

Memo Item

B. Woodcock, Jessica, A, , MD, FAAOS

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

Mailing Address 122 Stillwood Ct

| | | |
|------------------|-------------|------------------------|
| City New Bern | State NC | Zip Code 28560-8040 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 28 | | 2019 |

Transaction ID : 10330009

Amount of Each Receipt this Period
84.00

Memo Item

C. Porter, Scott, Edward, , MD, MBA, F

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

Mailing Address 1420 Jonesville Road

| | | |
|----------------------|-------------|------------------------|
| City Simpsonville | State SC | Zip Code 29681-4411 |
|----------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
748.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 28 | | 2019 |

Transaction ID : 10330010

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 178 OF 495 |
| | <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. Richmond, John, Michael, , MD,FAAOS

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

Mailing Address 304 Walden Court

| | | |
|-----------------|-------------|------------------------|
| City Wexford | State PA | Zip Code 15090-9455 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) UPMC Tri Rivers Musculoskeletal Center | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2019

Transaction ID : 10330013

Amount of Each Receipt this Period
250.00

Memo Item

B. Carter, Thomas, R, , MD, FAAOS

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

Mailing Address 4804 E Palomino Rd

| | | |
|-----------------|-------------|------------------------|
| City Phoenix | State AZ | Zip Code 85016-4879 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2019

Transaction ID : 10330015

Amount of Each Receipt this Period
250.00

Memo Item

C. Ricchetti, Eric, Thomas, , MD,FAAOS

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

Mailing Address 3200 Montgomery Road

| | | |
|------------------------|-------------|------------------------|
| City Shaker Heights | State OH | Zip Code 44122-2809 |
|------------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2019

Transaction ID : 10330018

Amount of Each Receipt this Period
500.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 179 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Mailing Address 4890 Faulkirk Lane

| | | |
|-------------------|-------------|------------------------|
| City Lexington | State KY | Zip Code 40515-1177 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) University of Kentucky Res Program | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 01 | | 2019 |

Transaction ID : 10331338

Amount of Each Receipt this Period
85.00

Memo Item

B. Ellis, Henry, Bone, , Jr, MD, FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2945 Stanford Ave

| | | |
|----------------|-------------|------------------------|
| City Dallas | State TX | Zip Code 75225-7802 |
|----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Texas Scottish Rite Sports Medicine | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 01 | | 2019 |

Transaction ID : 10331340

Amount of Each Receipt this Period
84.00

Memo Item

C. Reed, Lori, K, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 Klaas Boulevard

| | | |
|-----------------|-------------|------------------------|
| City Madison | State MS | Zip Code 39110-9118 |
|-----------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) University of Mississippi Medical Cent | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 01 | | 2019 |

Transaction ID : 10331341

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 253.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 180 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Bailey, James, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10439 Blue Summit Court

| | | |
|-------------------|-------------|------------------------|
| City San Diego | State CA | Zip Code 92131-6113 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 01 | / | 2019 |

Transaction ID : 10331342

Amount of Each Receipt this Period
42.00

Memo Item

B. Kane, Steven, Montgomery, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1592 Windsor Pkwy

| | | |
|--------------------|-------------|------------------------|
| City Brookhaven | State GA | Zip Code 30319-2741 |
|--------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Atlanta Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 21 | / | 2019 |

Transaction ID : 10331526

Amount of Each Receipt this Period
250.00

Memo Item

C. Swayze, Orrin, Scott, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1601 West Wesley Road

| | | |
|-----------------|-------------|------------------------|
| City Atlanta | State GA | Zip Code 30327-1907 |
|-----------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 21 | / | 2019 |

Transaction ID : 10331528

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1292.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <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. Kirkpatrick, D, Kay, , MD, FAAOS

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

Mailing Address 2926 Ashebrooke Dr

| | | |
|------------------|-------------|------------------------|
| City Marietta | State GA | Zip Code 30068-2303 |
|------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : 10331529

Amount of Each Receipt this Period
250.00

Memo Item

B. DeGnore, Lisa, , , MD, FAAOS

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

Mailing Address 4641 Collinswood Dr

| | | |
|-------------------|-------------|------------------------|
| City Lexington | State KY | Zip Code 40515-6202 |
|-------------------|-------------|------------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Kentucky Orthopaedic And Hand Surgeons | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2019

Transaction ID : 10331531

Amount of Each Receipt this Period
250.00

Memo Item

C. Laughlin, Richard, T, , MD, FAAOS

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

Mailing Address 3583 Harbour Bay Dr

| | | |
|------------------|-------------|------------------------|
| City Loveland | State OH | Zip Code 45140-3624 |
|------------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Wright State Physicians | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2019

Transaction ID : 10332372

Amount of Each Receipt this Period
250.00

Memo Item

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 182 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Culp, Brian, Matthew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 Barclay Blvd
 City Princeton State NJ Zip Code 08540-5891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Princeton Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 17 / 2019
Transaction ID : 10332375
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Choi, Daniel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 3RD Ave Apt 824
 City Mineola State NY Zip Code 11501-4347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Long Island Spine Specialists, PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2019
Transaction ID : 10332382
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bercik, Michael, J, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 Center Road
 City Lancaster State PA Zip Code 17603-4730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 19 / 2019
Transaction ID : 10332383
 Amount of Each Receipt this Period 50.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 550.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| <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. Jiranek, William, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4066 Old River Trail
 City Powhatan State VA Zip Code 23139-4111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 09 / 23 / 2019
Transaction ID : 10332385
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Glusenkamp, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 23 / 2019
Transaction ID : 10332387
 Amount of Each Receipt this Period 50.00
 Memo Item

c. Besh, Basil, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6135 Clubhouse Dr
 City Pleasanton State CA Zip Code 94566-9864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt
 09 / 23 / 2019
Transaction ID : 10332389
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 218.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 184 OF 495 (check only one) |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Kraushaar, Barry, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Divot PI
 City Suffern State NY Zip Code 10901-3942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Advanced Ortho & Sports Medicine Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 484.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2019
Transaction ID : 10332390
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Damalas, Dino, , , MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018-4975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AAOS Chief Operating Officer
 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 / 27 / 2019
Transaction ID : 10332393
 Amount of Each Receipt this Period
 84.00
 Memo Item

c. Prather, John, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4425 Paulsen Street
 City Savannah State GA Zip Code 31405-3662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2019
Transaction ID : 10332394
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 534.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (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 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Iorio, Richard, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Prince St
 City Beverly State MA Zip Code 01915-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU Langone Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 27 / 2019
Transaction ID : 10332395
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Waddell, Bradford, Sutton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 Weaver St Apt 3H
 City Greenwich State CT Zip Code 06831-4260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1756.00

Date of Receipt 09 / 29 / 2019
Transaction ID : 10332397
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Lopez, David, Vincent, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Courtney Ct
 City Freehold State NJ Zip Code 07728-9564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 29 / 2019
Transaction ID : 10332398
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 186 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Dulske, Michael, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Burney Drive
 City Flowood State MS Zip Code 39232-6621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Ortho Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **09 / 29 / 2019**
Transaction ID : 10332399
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Mather, Richard, C, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Watts St
 City Durham State NC Zip Code 27701-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt **10 / 02 / 2019**
Transaction ID : 10332408
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Uppal, Renny, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt **10 / 02 / 2019**
Transaction ID : 10332409
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 268.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 187 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Casey, Brett, Edward, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 249 Country Club Dr

| | | |
|---------------|-------------|------------------------|
| City Houma | State LA | Zip Code 70360-7576 |
|---------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 02 | | 2019 |

Transaction ID : 10332410

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 10021 Dahman Circle

| | | |
|----------------|-------------|------------------------|
| City Dallas | State TX | Zip Code 75238-1842 |
|----------------|-------------|------------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) Orthopedic Associates of Dallas | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 02 | | 2019 |

Transaction ID : 10332812

Amount of Each Receipt this Period
500.00

Memo Item

C. Wyatt, Ronald, W B, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Kaiser Permanente | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2019 |

Transaction ID : 10333366

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 850.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 188 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Anderson, Robert, O, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9800 55th St N
 City Lake Elmo State MN Zip Code 55042-8598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Summit Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2019
Transaction ID : 10333367
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hammerberg, Eric, Mark, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3087
 City Soldotna State AK Zip Code 99669-3087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Denver Health Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2019
Transaction ID : 10333784
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mosley, Emmett, Wayne, , MD, FAAOS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 Crescent Hills Way
 City Lakeland State FL Zip Code 33813-4675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 04 / 2019
Transaction ID : 10334126
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 189 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Smith, Eric, Louis, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Boston Medical Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
860.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 04 | | 2019 |

Transaction ID : 10334127

Amount of Each Receipt this Period
84.00

Memo Item

B. Jennings, Randall, W, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1925 Roosevelt St

| | | |
|--------------------|-------------|------------------------|
| City North Bend | State OR | Zip Code 97459-1819 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) North Bend Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 04 | | 2019 |

Transaction ID : 10334128

Amount of Each Receipt this Period
84.00

Memo Item

C. Hamlin, Brian, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3169 Beechwood Drive

| | | |
|----------------------|-------------|------------------------|
| City Allison Park | State PA | Zip Code 15101-1159 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Magee-Women's Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 04 | | 2019 |

Transaction ID : 10334601

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1168.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 190 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Yelton, J, Criss, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Clinic Drive
 City Madisonville State KY Zip Code 42431-1661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2019
Transaction ID : 10334602
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Tanner, Edward, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 Portland Ave Ste 210
 City Rochester State NY Zip Code 14621-3008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2019
Transaction ID : 10334609
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Lintecum, Neal, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 789 N 1500 Road
 City Lawrence State KS Zip Code 66049-9194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 05 / 2019
Transaction ID : 10334623
 Amount of Each Receipt this Period 200.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2200.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 191 OF 495 |
| | <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. Wynder, Steven, G, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Parkview Ortho Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 05 / 2019
Transaction ID : 10334624
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Schmale, Gregory, A, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6515 126th Ave NE
 City Kirkland State WA Zip Code 98033-8569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 05 / 2019
Transaction ID : 10334625
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Green, Daniel, William, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Hospital for Special Surgery 535 East 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 10 / 07 / 2019
Transaction ID : 10334655
 Amount of Each Receipt this Period 175.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 343.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 192 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Maender, Christopher, W, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4509 Turtle Bay

| | | |
|---------------------|-------------|------------------------|
| City Springfield | State IL | Zip Code 62711-7891 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 07 | | 2019 |

Transaction ID : 10334656

Amount of Each Receipt this Period
250.00

Memo Item

B. Kiner, Dirk, W, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 438 Oliver Street

| | | |
|---------------------|-------------|------------------------|
| City Chattanooga | State TN | Zip Code 37405-4020 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 07 | | 2019 |

Transaction ID : 10334657

Amount of Each Receipt this Period
84.00

Memo Item

C. Higgins, Michael, E, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5236 Rockport Landing

| | | |
|-----------------|-------------|------------------------|
| City Suffolk | State VA | Zip Code 23435-3518 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Tidewater Orthopaedic Assoc | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 08 | | 2019 |

Transaction ID : 10335872

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 418.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 193 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Szczech, Bartlomiej, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Intervale Way
 City Lake Placid State NY Zip Code 12946-3240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Joseph's Hospital Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 08 / 2019
Transaction ID : 10335873
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Clain, Michael, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Indian Head Rd
 City Riverside State CT Zip Code 06878-2403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 09 / 2019
Transaction ID : 10336766
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Evanich, J, David, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 Bayshore Drive
 City Flower Mound State TX Zip Code 75022-5565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 09 / 2019
Transaction ID : 10336772
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1184.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 194 OF 495 |
| | <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. Migliori, Sidney, Premer, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Chief Botelho Ct

| | | |
|------------------------|-------------|------------------------|
| City East Greenwich | State RI | Zip Code 02818-1251 |
|------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Ortho Rhode Island | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 09 | | 2019 |

Transaction ID : 10337181

Amount of Each Receipt this Period
84.00

Memo Item

B. Bernard, Johnathan, , , MD, MPH, F

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13350 Franklin Farm Road Suite 220

| | | |
|-----------------|-------------|------------------------|
| City Herndon | State VA | Zip Code 20171-4095 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) National Sports Medicine Institute | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 10 | | 2019 |

Transaction ID : 10337186

Amount of Each Receipt this Period
84.00

Memo Item

C. Dodds, Julie, A, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2900 Hannah Blvd Ste 212

| | | |
|----------------------|-------------|------------------------|
| City East Lansing | State MI | Zip Code 48823-5382 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
588.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 10 | | 2019 |

Transaction ID : 10337187

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 195 OF 495 |
| <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. Gill, John, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8230 Walnut Hill Lane
 Suite 708
 City Dallas State TX Zip Code 75231-4431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2019
Transaction ID : 10338038
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kelly, James, D, , II, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3838 California Street
 Suite 715
 City San Francisco State CA Zip Code 94118-1509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2019
Transaction ID : 10338039
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Cohen, Nathaniel, P, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15294 Via Palomino
 City Monte Sereno State CA Zip Code 95030-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoNorCal Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2019
Transaction ID : 10338040
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 196 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Braaton, Paul, J, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1335 Coffee Rd
Ste 100

City Modesto State CA Zip Code 95355-3192

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 11 / 2019

Transaction ID : 10338041

Amount of Each Receipt this Period 84.00

Memo Item

B. Espinoza, Luis, M, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Savannah Ridge Lane

City Metairie State LA Zip Code 70001

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 11 / 2019

Transaction ID : 10338042

Amount of Each Receipt this Period 84.00

Memo Item

C. Pushkarewicz, Michael, J, , MD, FAAOS,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1510 Braken Ave

City Wilmington State DE Zip Code 19808-4399

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) First State Orthopaedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 12 / 2019

Transaction ID : 10339774

Amount of Each Receipt this Period 42.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 210.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 197 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Winston, Jonathan, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4534 Shadowbrook Court
 City Bettendorf State IA Zip Code 52722-6585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 840.00

Date of Receipt 10 / 12 / 2019
Transaction ID : 10339775
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Krueger, Chad, A, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Seton Dr
 City Shrewsbury State MA Zip Code 01545-5468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 860.00

Date of Receipt 10 / 13 / 2019
Transaction ID : 10339776
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Gallant, Gregory, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3588 Wellsford Lane
 City Doylestown State PA Zip Code 18902-1480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 833.30

Date of Receipt 10 / 13 / 2019
Transaction ID : 10339777
 Amount of Each Receipt this Period 83.33
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 251.33 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 198 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Courtney, Paul, Maxwell, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 902 S Front St
 City Philadelphia State PA Zip Code 19147-4304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 14 / 2019
Transaction ID : 10339778
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Suarez, Juan, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1049 Catalonia Ave
 City Coral Gables State FL Zip Code 33134-6302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Florida Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 10341652
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Hussain, Suleman, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6817 Still Creek Pass
 City Bettendorf State IA Zip Code 52722-7567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 16 / 2019
Transaction ID : 10347312
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 668.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 199 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Weinstein, Richard, N, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Long Pond Rd

| | | |
|----------------|-------------|------------------------|
| City Armonk | State NY | Zip Code 10504-2626 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 16 | | 2019 |

Transaction ID : 10347313

Amount of Each Receipt this Period
250.00

Memo Item

B. Jamison, James, P, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7092 Killdeer Drive

| | | |
|------------------|-------------|------------------------|
| City Canfield | State OH | Zip Code 44406-9181 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 16 | | 2019 |

Transaction ID : 10347315

Amount of Each Receipt this Period
250.00

Memo Item

C. Smith, Jeffrey, Mark, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 San Elijo St

| | | |
|-------------------|-------------|------------------------|
| City San Diego | State CA | Zip Code 92106-3414 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) UNITE Orthopaedics Foundation | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 16 | | 2019 |

Transaction ID : 10347316

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 200 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Snyder, Matthew, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14912 Chopine Pass

| | | |
|-----------------|-------------|------------------------|
| City Roanoke | State IN | Zip Code 46783-9308 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 16 | | 2019 |

Transaction ID : 10347317

Amount of Each Receipt this Period
85.00

Memo Item

B. Grimm, Matthew, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 920 Avenue B

| | | |
|-----------------|-------------|------------------------|
| City Marrero | State LA | Zip Code 70072-3112 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 16 | | 2019 |

Transaction ID : 10347318

Amount of Each Receipt this Period
84.00

Memo Item

C. Battaglia, Michael, Jacob, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1641 Windermere Dr E

| | | |
|-----------------|-------------|------------------------|
| City Seattle | State WA | Zip Code 98112-3737 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Bellevue Bone & Joint Physicians | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 16 | | 2019 |

Transaction ID : 10347319

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 419.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 201 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kwok, Moody, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 Presidential Dr
 City Horsham State PA Zip Code 19044-1110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 17 / 2019
Transaction ID : 10350349
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Greene, Robert, Neil, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 N 16th Ave
 City Yakima State WA Zip Code 98902-1347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 504.00

Date of Receipt 10 / 17 / 2019
Transaction ID : 10350350
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Coates, Kevin, E, , MD, MBA, M
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5651 Goldenberry Ct
 City Winston Salem State NC Zip Code 27106-9840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Baptist Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 17 / 2019
Transaction ID : 10350351
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 202 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Newson, Graham, , , MA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 Massachusetts Ave NE
 Ste 100
 City Washington State DC Zip Code 20002-5769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Orthopaedic Surg Occupation (for Individual) Director, Office of Government Relatio
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 02 / 2019
Transaction ID : 10350578
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bojescul, John, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2108 Wythe Dr
 City Evans State GA Zip Code 30809-5476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) D D Eisenhower Army Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 02 / 2019
Transaction ID : 10350579
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Urband, Lindsey, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8008 Frost St Ste 403
 City San Diego State CA Zip Code 92123-4209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hand Center of San Antonio Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 03 / 2019
Transaction ID : 10350580
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 203 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Engstrom, Stephen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1215 21st Avenue South
 Suite 4200
 City Nashville State TN Zip Code 37232-8774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Univ-Vanderbilt Ortho Inst Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 10 / 04 / 2019
Transaction ID : 10350581
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Johnson, Wayne, Anthony, , MD, FAAOS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8212 NW Stonebridge Court
 City Lawton State OK Zip Code 73505-4136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 07 / 2019
Transaction ID : 10350582
 Amount of Each Receipt this Period 800.00
 Memo Item

c. Sheehan, John, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6621 Cuming St
 City Omaha State NE Zip Code 68132-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 07 / 2019
Transaction ID : 10350583
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 968.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 204 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Migliori, Sidney, Premer, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Chief Botelho Ct

| | | |
|------------------------|-------------|------------------------|
| City East Greenwich | State RI | Zip Code 02818-1251 |
|------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Ortho Rhode Island | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 07 | | 2019 |

Transaction ID : 10350584

Amount of Each Receipt this Period
84.00

Memo Item

B. Harrison, Alicia, Karin, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1942 Humboldt Ave S

| | | |
|---------------------|-------------|------------------------|
| City Minneapolis | State MN | Zip Code 55403-2815 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Univ of Minnesota | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 08 | | 2019 |

Transaction ID : 10350585

Amount of Each Receipt this Period
84.00

Memo Item

C. Cannada, Lisa, K, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14357 Cottage Lake Road

| | | |
|----------------------|-------------|------------------------|
| City Jacksonville | State FL | Zip Code 32224-0849 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Univ of Florida College of Medicine | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 09 | | 2019 |

Transaction ID : 10350586

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 205 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Young, Melissa, , , JD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 Ste 500
 City Rosemont State IL Zip Code 60018-4975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Ortho Surgeons Occupation (for Individual) General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2019
Transaction ID : 10350587
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Cimino, William, Gerard, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 Merwins Ln
 City Fairfield State CT Zip Code 06824-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 10 / 11 / 2019
Transaction ID : 10350588
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Parsley, Brian, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5420 West Loop South
 Suite 2400
 City Bellaire State TX Zip Code 77401-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Health Physicians Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 670.00

Date of Receipt 10 / 12 / 2019
Transaction ID : 10350589
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 268.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 206 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. DiCaprio, Matthew, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2028 Dobie Lane
 City Schenectady State NY Zip Code 12303-6013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region Orthopaedics Bone & Joi Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1770.00

Date of Receipt 10 / 13 / 2019
Transaction ID : 10350602
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Gramstad, Gregory, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6702 SW Canyon Crest Dr
 City Portland State OR Zip Code 97225-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rebound Orthopedics & Neurosurgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 14 / 2019
Transaction ID : 10350604
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kamps, Bryan, Scott, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3741 Monarch Dr NE
 City Grand Rapids State MI Zip Code 49525-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Health Medical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 15 / 2019
Transaction ID : 10350746
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| 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 207 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Shook, Jonathan, Bryan, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11559 Willow Springs Dr

| | | |
|--------------------|-------------|------------------------|
| City Zionsville | State IN | Zip Code 46077-7830 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Ortholndy | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 15 | | 2019 |

Transaction ID : 10350747

Amount of Each Receipt this Period
1000.00

Memo Item

B. Fisher, David, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 351 Breakwater Dr

| | | |
|-----------------|-------------|------------------------|
| City Fishers | State IN | Zip Code 46037-9508 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Ortholndy | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 15 | | 2019 |

Transaction ID : 10350748

Amount of Each Receipt this Period
500.00

Memo Item

C. Lavery, Matthew, Ryan, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4950 N Meridian St

| | | |
|----------------------|-------------|------------------------|
| City Indianapolis | State IN | Zip Code 46208-2622 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Ortholndy | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 15 | | 2019 |

Transaction ID : 10350749

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 208 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Farr, Jack, , , II, MD,FAA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5287 N 400 W

| | | |
|----------------------|-------------|------------------------|
| City Bargersville | State IN | Zip Code 46106-9376 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Ortholndy | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 15 | | 2019 |

Transaction ID : 10350750

Amount of Each Receipt this Period
500.00

Memo Item

B. Hellman, Edward, J, , MD, FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12715 Norfolk Ln

| | | |
|----------------|-------------|------------------------|
| City Carmel | State IN | Zip Code 46032-8657 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Ortholndy | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 15 | | 2019 |

Transaction ID : 10350752

Amount of Each Receipt this Period
1000.00

Memo Item

C. Russell, George, V, , Jr, MD, FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 102 Hawthorne Vale

| | | |
|-------------------|-------------|------------------------|
| City Ridgeland | State MS | Zip Code 39157-2352 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Univ of Mississippi Med Ctr | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
805.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 17 | | 2019 |

Transaction ID : 10351418

Amount of Each Receipt this Period
90.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1590.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 209 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Shah, Roshan, P, , MD, JD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 West 110th Street
 Apt 3E
 City New York State NY Zip Code 10025-2105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia University Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 19 / 2019
Transaction ID : 10351438
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Tyndall, William, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 Brittany Ln
 City Hollidaysburg State PA Zip Code 16648-9269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 10 / 19 / 2019
Transaction ID : 10351439
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Schmitz, Matthew, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Ottawa Run
 City Shavano Park State TX Zip Code 78231-1457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Antonio Military Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 10 / 19 / 2019
Transaction ID : 10351440
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 210 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mitros, Stephen, F, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51045 Erin Glen Dr
 City Granger State IN Zip Code 46530-9089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mitros Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 772.00

Date of Receipt 10 / 19 / 2019
Transaction ID : 10351441
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Cooper, Scott, Snow, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 NW A St
 City Bentonville State AR Zip Code 72712-5216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Clinic Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 10 / 19 / 2019
Transaction ID : 10351442
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Gay, David, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 Ocean Grove Circle
 City Saint Augustine State FL Zip Code 32080-8723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2019
Transaction ID : 10351444
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1168.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 211 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Brown, Barrett, Shytle, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Fondren Orthopedic Group
7401 Main St

City Houston State TX Zip Code 77030-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 20 / 2019

Transaction ID : 10351454

Amount of Each Receipt this Period 84.00

Memo Item

B. Olson, Craig, L, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 Eagle Ridge Court

City Manitowoc State WI Zip Code 54220-8625

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 20 / 2019

Transaction ID : 10351455

Amount of Each Receipt this Period 84.00

Memo Item

C. Baker, Champ, , , III, MD, F

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 806 Overlook Dr

City Columbus State GA Zip Code 31906-4005

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Jack Hughston Memorial Hospital Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 20 / 2019

Transaction ID : 10351456

Amount of Each Receipt this Period 1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1168.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 212 OF 495 |
| | <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. Ardoin, Gregory, Troy, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 Valley Club Circle

| | | |
|---------------------|-------------|------------------------|
| City Little Rock | State AR | Zip Code 72212-3437 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) OrthoArkansas | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 20 | / | 2019 |

Transaction ID : 10351457

Amount of Each Receipt this Period
250.00

Memo Item

B. McCrosson, John, J, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2749 Fountainhead Way

| | | |
|------------------------|-------------|------------------------|
| City Mount Pleasant | State SC | Zip Code 29466-8590 |
|------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Charleston Hip & Knee Replacement Cent | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 21 | / | 2019 |

Transaction ID : 10351513

Amount of Each Receipt this Period
250.00

Memo Item

c. Chapman, Cary, B, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1534 Victory Blvd
Ste 1

| | | |
|-----------------------|-------------|------------------------|
| City Staten Island | State NY | Zip Code 10314-3530 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 21 | / | 2019 |

Transaction ID : 10351514

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 213 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Stoeckl, Andrew, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Fairlawn Dr

| | | |
|-----------------|-------------|------------------------|
| City Amherst | State NY | Zip Code 14226-3422 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Excelsior Orthopedics | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
830.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 21 | | 2019 |

Transaction ID : 10351515

Amount of Each Receipt this Period
83.00

Memo Item

B. Sherbondy, Paul, Strawn, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 507 Beaumont Drive

| | | |
|-----------------------|-------------|------------------------|
| City State College | State PA | Zip Code 16801-8311 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10352871

Amount of Each Receipt this Period
84.00

Memo Item

C. Mansfield, David, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 773 Azalea Pl

| | | |
|-----------------|-------------|------------------------|
| City El Paso | State TX | Zip Code 79922-2001 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) El Paso Orthopaedic Surgery Group | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1090.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10352873

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 251.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 214 OF 495 |
| | <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. Halsey, David, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 9000 #132
 City Edgartown State MA Zip Code 02539-9000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Martha's Vineyard Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2019
Transaction ID : 10352875
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hackbarth, Donald, A, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N70 W14567 Terrace Drive
 City Menomonee Falls State WI Zip Code 53051-0929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2019
Transaction ID : 10352876
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Veitch, Andrew, John, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13416 Desert Zinnia Ct NE
 City Albuquerque State NM Zip Code 87111-7154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 22 / 2019
Transaction ID : 10352877
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 215 OF 495 |
| <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. Hire, Justin, M, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Newton Court

| | | |
|---------------------------|-------------|------------------------|
| City Fort Leonard Wood | State MO | Zip Code 65473-1308 |
|---------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 22 | / | 2019 |

Transaction ID : 10352878

Amount of Each Receipt this Period
42.00

Memo Item

B. Navarro, Ronald, Anthony, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Wide Loop Rd

| | | |
|-----------------------|-------------|------------------------|
| City Rolling Hills | State CA | Zip Code 90274-5234 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Kaiser Permanente South Bay | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 23 | / | 2019 |

Transaction ID : 10352984

Amount of Each Receipt this Period
84.00

Memo Item

C. Noffsinger, Mark, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7208 Selah Court

| | | |
|------------------|-------------|------------------------|
| City Mattawan | State MI | Zip Code 49071-9807 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | / | 23 | / | 2019 |

Transaction ID : 10352985

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 376.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 216 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. More, Robert, Cameron, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8100 Wescott Drive
Suite 101

City Flemington State NJ Zip Code 08822-4671

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hunterdon Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
10 / 23 / 2019
Transaction ID : 10352986

Amount of Each Receipt this Period
84.00

Memo Item

B. Barber, Thomas, C, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 El Caminito

City Orinda State CA Zip Code 94563-2302

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kaiser Permanente Medical Center Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 23 / 2019
Transaction ID : 10352987

Amount of Each Receipt this Period
250.00

Memo Item

C. Tarbox, Byron, R Bus, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 S Keene St

City Columbia State MO Zip Code 65201-7199

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 23 / 2019
Transaction ID : 10352988

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 217 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Rajani, Rajiv, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Ogden Ln

| | | |
|---------------------|-------------|------------------------|
| City San Antonio | State TX | Zip Code 78209-4414 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Univ of TX Health Sciences Ctr SA | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 23 | | 2019 |

Transaction ID : 10352989

Amount of Each Receipt this Period
250.00

Memo Item

B. Ede, David, E, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 415 Morris St
Ste 104

| | | |
|--------------------|-------------|------------------------|
| City Charleston | State WV | Zip Code 25301-1840 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 23 | | 2019 |

Transaction ID : 10352990

Amount of Each Receipt this Period
250.00

Memo Item

C. Kasim, Nader, Q, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Lucinda Ct

| | | |
|----------------|-------------|------------------------|
| City Edison | State NJ | Zip Code 08820-2554 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 23 | | 2019 |

Transaction ID : 10353271

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 218 OF 495 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bettin, Clayton, Charles, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5047 Shady Hall Ct

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-1519 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10353285

Amount of Each Receipt this Period
41.67

Memo Item

B. Calandrucchio, James, H, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Campbell Clinic
1400 S Germantown Rd

| | | |
|--------------------|-------------|------------------------|
| City Germantown | State TN | Zip Code 38138-2205 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10353286

Amount of Each Receipt this Period
41.67

Memo Item

C. Cannon, David, L, , MD,MBA,FAA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2639 Fox Hill Circle East

| | | |
|--------------------|-------------|------------------------|
| City Germantown | State TN | Zip Code 38139-6817 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
860.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10353287

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 167.34 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 219 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Crockarell, John, R, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar Ave
 Ste 100
 City Collierville State TN Zip Code 38017-0630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 22 / 2019
Transaction ID : 10353288
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Ford, Marcus, Christopher, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Isle Creek Dr
 City Memphis State TN Zip Code 38103-8999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.40

Date of Receipt 10 / 22 / 2019
Transaction ID : 10353289
 Amount of Each Receipt this Period 20.84
 Memo Item

C. Gear, Benjamin, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 219 LaGrange Creek Dr
 City Eads State TN Zip Code 38028-8015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 22 / 2019
Transaction ID : 10353290
 Amount of Each Receipt this Period 41.67
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 104.18 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 220 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Guyton, James, L, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6422 Massey Estates Cove

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38120-1403 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10353291

Amount of Each Receipt this Period
41.67

Memo Item

B. Harkess, James, W, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1458 W Poplar #100

| | | |
|----------------------|-------------|------------------------|
| City Collierville | State TN | Zip Code 38017-0630 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10353292

Amount of Each Receipt this Period
41.67

Memo Item

C. Heck, Robert, Kurt, , Jr, MD, FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4938 Barfield Rd

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-2704 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.70

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10353293

Amount of Each Receipt this Period
41.67

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 125.01 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 221 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kelly, Derek, Michael, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 256 Brenrich Cove

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-2834 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10353294

Amount of Each Receipt this Period
41.67

Memo Item

B. Mascioli, Anthony, , , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 226 W Goodwyn

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38111-2542 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10353295

Amount of Each Receipt this Period
20.83

Memo Item

C. Mauck, Benjamin, Matthew, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2742 Central Ave

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38111-1811 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.30

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10353296

Amount of Each Receipt this Period
20.83

Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 83.33 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 222 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mihalko, Marc, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4079 Barfield Road
 City Memphis State TN Zip Code 38117-1501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 22 / 2019
Transaction ID : 10353297
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Miller, Robert, H, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 St Albans Fairway
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2019
Transaction ID : 10353298
 Amount of Each Receipt this Period 50.00
 Memo Item

c. Murphy, Garnett, Andrew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 22 / 2019
Transaction ID : 10353299
 Amount of Each Receipt this Period 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 133.34
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 223 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Perez, Edward, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 370 Saint Nick Dr

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-4118 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10353300

Amount of Each Receipt this Period
41.67

Memo Item

B. Phillips, Barry, B, MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8681 Windrush

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38125-8822 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10353301

Amount of Each Receipt this Period
20.83

Memo Item

C. Richardson, David, R, MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 636 Center Dr

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38112-1702 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.70

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10353302

Amount of Each Receipt this Period
41.67

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 104.17 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 224 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Rudloff, Matthew, Ian, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10211 Ramblewood Dr

| | | |
|-------------------|-------------|------------------------|
| City Arlington | State TN | Zip Code 38002-8549 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10353303

Amount of Each Receipt this Period
41.67

Memo Item

B. Sawyer, Jeffrey, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4450 Chickasaw Road

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-1717 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10353304

Amount of Each Receipt this Period
41.67

Memo Item

c. Sheffer, Benjamin, West, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 281 Ben Avon Way

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38111-7702 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
516.70

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 22 | | 2019 |

Transaction ID : 10353305

Amount of Each Receipt this Period
41.67

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.01 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 225 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Thompson, Norfleet, Buckner, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3784 Highland Park Place
 City Memphis State TN Zip Code 38111-6923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 22 / 2019
Transaction ID : 10353306
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Throckmorton, Thomas, Ward, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4901 Fairfield Circle
 City Memphis State TN Zip Code 38117-4209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 22 / 2019
Transaction ID : 10353307
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Warner, William, C, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 East Cherry Circle
 City Memphis State TN Zip Code 38117-3501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt 10 / 22 / 2019
Transaction ID : 10353308
 Amount of Each Receipt this Period 41.67
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.01 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 226 OF 495 |
| | <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. Weinlein, John, C, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 145 Greenbriar Dr

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-3207 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2019

Transaction ID : 10353309

Amount of Each Receipt this Period
41.67

Memo Item

B. Whittle, A, Paige, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 836 Harbor Isle Circle East

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38103-0836 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2019

Transaction ID : 10353310

Amount of Each Receipt this Period
41.67

Memo Item

C. Williams, Keith, D, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2336 Pinnacle Creek Dr

| | | |
|--------------------|-------------|------------------------|
| City Germantown | State TN | Zip Code 38138-4626 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2019

Transaction ID : 10353311

Amount of Each Receipt this Period
41.67

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.01 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 227 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Hartsock, Langdon, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 188 Tradd Street
 City Charleston State SC Zip Code 29401-1818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Med Univ of SC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 24 / 2019
Transaction ID : 10353366
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Malone, Stephen, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 Westover Rd
 City Wilmington State DE Zip Code 19807-2980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopaedic Spine Ctr PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2019
Transaction ID : 10353367
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Kaminski, Ken, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6987 Canal St
 City Tyler State TX Zip Code 75703-9404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Azalea Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2019
Transaction ID : 10353368
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 434.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 228 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Monson, David, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1491 LaChona Court NE
 City Atlanta State GA Zip Code 30329-3481
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 840.00

Date of Receipt 10 / 24 / 2019
Transaction ID : 10353369
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Levine, William, N, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Riverside Blvd Apt 3N
 City New York State NY Zip Code 10069-1002
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 4000.00

Date of Receipt 10 / 19 / 2019
Transaction ID : 10353630
 Amount of Each Receipt this Period 4000.00
 Memo Item

C. Gupta, Ranjan, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18731 Via Palatino
 City Irvine State CA Zip Code 92603-3432
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) UCIMC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 18 / 2019
Transaction ID : 10353631
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 4334.00
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 229 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Nagda, Sameer, H, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8713 Standish Rd

| | | |
|--------------------|-------------|------------------------|
| City Alexandria | State VA | Zip Code 22308-2512 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Anderson Ortho Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 17 | | 2019 |

Transaction ID : 10353632

Amount of Each Receipt this Period
2000.00

Memo Item

B. Abdelshahed, Mina, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 565 Avenue E

| | | |
|-----------------|-------------|------------------------|
| City Bayonne | State NJ | Zip Code 07002-3917 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Union County Ortho | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 19 | | 2019 |

Transaction ID : 10353633

Amount of Each Receipt this Period
250.00

Memo Item

C. McCulloch, Patrick, T, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 307 Buckingham Drive

| | | |
|-----------------|-------------|------------------------|
| City Venetia | State PA | Zip Code 15367-2383 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Advanced Ortho & Rehab | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 25 | | 2019 |

Transaction ID : 10353647

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2334.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 230 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Swenning, Todd, Allen, , MD,FACS,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41970 Rancho Manana Lane
 City Rancho Mirage State CA Zip Code 92270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 10 / 25 / 2019
Transaction ID : 10353648
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Kang, Steve, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 618 S Lakeshore Dr
 City Anaheim State CA Zip Code 92806-4409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Specialty Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2019
Transaction ID : 10354104
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Beltran, Michael, John, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address UC Dept of Orthopaedic Surgery 231 Albert Sabin Way Room 5553
 City Cincinnati State OH Zip Code 45267-0212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Department of Orthopaedics and Rehabil Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 26 / 2019
Transaction ID : 10354106
 Amount of Each Receipt this Period 84.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 417.33
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 231 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kirol, Bernard, G, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 338 Turnwall Ln

| | | |
|---------------|-------------|------------------------|
| City Elgin | State SC | Zip Code 29045-9507 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Midlands Orthopaedics, PA | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 27 | | 2019 |

Transaction ID : 10354109

Amount of Each Receipt this Period
75.00

Memo Item

B. Hackett, Thomas, R, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 770 Potatoe Patch Unit 1

| | | |
|--------------|-------------|------------------------|
| City Vail | State CO | Zip Code 81657-4441 |
|--------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) The Steadman Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 27 | | 2019 |

Transaction ID : 10354111

Amount of Each Receipt this Period
250.00

Memo Item

C. Sarwahi, Vishal, , , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 650 West 42nd St Apt 3912

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10036-4391 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Cohen Children's Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 27 | | 2019 |

Transaction ID : 10354112

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 409.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 232 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Henderson, Christopher, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Chatham Hill Circle

| | | |
|-----------------------|-------------|------------------------|
| City Clarks Summit | State PA | Zip Code 18411-8796 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Scranton Orthopaedic Specialists | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 27 | | 2019 |

Transaction ID : 10354114

Amount of Each Receipt this Period
500.00

Memo Item

B. Giammattei, Frank, P, MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Woodbrook Rd

| | | |
|--------------------|-------------|------------------------|
| City Swarthmore | State PA | Zip Code 19081-1234 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Premier Orthopaedic Associates | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 28 | | 2019 |

Transaction ID : 10356780

Amount of Each Receipt this Period
84.00

Memo Item

C. Adamson, Kent, R, MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Via Rancho

| | | |
|----------------------|-------------|------------------------|
| City San Clemente | State CA | Zip Code 92672-4540 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 28 | | 2019 |

Transaction ID : 10356781

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 834.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 233 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 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, Joshua, Layne, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3726 Tangley Rd

| | | |
|-----------------|-------------|------------------------|
| City Houston | State TX | Zip Code 77005-2032 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 28 | | 2019 |

Transaction ID : 10356782

Amount of Each Receipt this Period
84.00

Memo Item

B. Easley, Mark, E, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Duke Medicine
4709 Creekstone Drive

| | | |
|----------------|-------------|------------------------|
| City Durham | State NC | Zip Code 27703-9822 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Duke Medicine | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 28 | | 2019 |

Transaction ID : 10356783

Amount of Each Receipt this Period
84.00

Memo Item

c. Carolan, Gregory, Francis, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1806 Meadow Ridge Ct

| | | |
|-------------------|-------------|------------------------|
| City Bethlehem | State PA | Zip Code 18015-5003 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) St Luke's Ortho Surg Group | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 28 | | 2019 |

Transaction ID : 10356784

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 234 OF 495 |
| <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. Torres, Daniel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1488 Shelburne Ct
 City Allentown State PA Zip Code 18104-1949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Med Branch Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10356785
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Bass, Robert, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5721 Salisbury
 City Prosper State TX Zip Code 75078-5679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTSW Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10356786
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Chandler, David, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Middle Plantation Ln
 City Gulf Breeze State FL Zip Code 32561-4899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10356787
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 669.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 235 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Agarwal, Animesh, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Falcon Point
 City Boerne State TX Zip Code 78006-5898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ TX Hlth Sci Ctr at San Antonio Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10356788
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Allard, Mark, Michael, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3010 Cortney Circle
 City Siloam Springs State AR Zip Code 72761-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10356789
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Woodcock, Jessica, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Stillwood Ct
 City New Bern State NC Zip Code 28560-8040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 804.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10356790
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 418.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 236 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Porter, Scott, Edward, , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1420 Jonesville Road
 City Simpsonville State SC Zip Code 29681-4411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **832.00**

Date of Receipt **10 / 28 / 2019**
Transaction ID : 10356791
 Amount of Each Receipt this Period **84.00**
 Memo Item

B. Jarrett, Glenn, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2360 Mullan Rd Ste C
 City Missoula State MT Zip Code 59808-1811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 28 / 2019**
Transaction ID : 10358613
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Stetson, William, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 429 24th St
 City Hermosa Beach State CA Zip Code 90254-2618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 25 / 2019**
Transaction ID : 10358974
 Amount of Each Receipt this Period **250.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 237 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Pfaeffle, Hugo, James, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 575 Macleod Dr

| | | |
|------------------|-------------|------------------------|
| City Gibsonia | State PA | Zip Code 15044-8962 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Tri Rivers Surgical Associates | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 25 | | 2019 |

Transaction ID : 10358980

Amount of Each Receipt this Period
500.00

Memo Item

B. Suarez, Juan, C, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1049 Catalonia Ave

| | | |
|----------------------|-------------|------------------------|
| City Coral Gables | State FL | Zip Code 33134-6302 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Cleveland Clinic Florida | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 30 | | 2019 |

Transaction ID : 10359065

Amount of Each Receipt this Period
500.00

Memo Item

C. Bopp, Timothy, J, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3920 Ridge Way

| | | |
|------------------|-------------|------------------------|
| City Bismarck | State ND | Zip Code 58503-9198 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Bone & Joint Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 31 | | 2019 |

Transaction ID : 10361852

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 238 OF 495 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. McClintock, Kyle, Ross, , DO, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2011 Fairway Oaks Dr
 City Ripon State CA Zip Code 95366-9360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Core Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 10361861
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Mast, Nicholas, H, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Alpine Lily Place
 City San Rafael State CA Zip Code 94903-1090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2019
Transaction ID : 10361868
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Cassidy, Carter, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4890 Faulkirk Lane
 City Lexington State KY Zip Code 40515-1177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Res Program Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2019
Transaction ID : 10361967
 Amount of Each Receipt this Period
 85.00
 Memo Item

| | |
|---|--------|
| 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 239 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Ellis, Henry, Bone, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2945 Stanford Ave
 City Dallas State TX Zip Code 75225-7802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 11 / 01 / 2019
Transaction ID : 10361968
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Reed, Lori, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Klaas Boulevard
 City Madison State MS Zip Code 39110-9118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Mississippi Medical Cent Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 01 / 2019
Transaction ID : 10361969
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Bailey, James, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10439 Blue Summit Court
 City San Diego State CA Zip Code 92131-6113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 11 / 01 / 2019
Transaction ID : 10361970
 Amount of Each Receipt this Period 42.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 210.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 240 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Wright, Craig, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 504 Valley Road
 City Wayne State NJ Zip Code 07470-3534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2019
Transaction ID : 10361995
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bercik, Michael, J, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 Center Road
 City Lancaster State PA Zip Code 17603-4730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2019
Transaction ID : 10361996
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Jiranek, William, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4066 Old River Trail
 City Powhatan State VA Zip Code 23139-4111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 22 / 2019
Transaction ID : 10362000
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 384.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 241 OF 495 |
| | <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. Glusenkamp, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2019
Transaction ID : 10362001
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Besh, Basil, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6135 Clubhouse Dr
 City Pleasanton State CA Zip Code 94566-9864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 23 / 2019
Transaction ID : 10362003
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Bredthauer, Bryan, D, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9814 Harney Pkwy North
 City Omaha State NE Zip Code 68114-4945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoNebraska Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10362008
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1134.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 242 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kinder, Jeremy, Ron, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8709 Stoll Place

| | | |
|----------------|-------------|------------------------|
| City Denver | State CO | Zip Code 80238-3769 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Colorado Limb Consultants | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 28 | | 2019 |

Transaction ID : 10362009

Amount of Each Receipt this Period
250.00

Memo Item

B. Cooper, Scott, Snow, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 NW A St

| | | |
|---------------------|-------------|------------------------|
| City Bentonville | State AR | Zip Code 72712-5216 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Mercy Clinic Orthopedics | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 28 | | 2019 |

Transaction ID : 10362013

Amount of Each Receipt this Period
20.00

Memo Item

C. Rosenberg, Benjamin, N, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 Ridge Rd

| | | |
|------------------|-------------|------------------------|
| City Cornwall | State VT | Zip Code 05753-9807 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Porter Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 28 | | 2019 |

Transaction ID : 10362014

Amount of Each Receipt this Period
20.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 290.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 243 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Milam, R, Alden, , IV, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3320 Selwyn Ave
 City Charlotte State NC Zip Code 28209-3326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoCarolina Spine Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10362015
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Kupiszewski, Stanley, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1651 Apache Trail
 City Maitland State FL Zip Code 32751-4905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrlandoHealth Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10362017
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Muzzonigro, Thomas, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5017 Karrington Dr
 City Gibsonia State PA Zip Code 15044-6004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tri Rivers Musculoskeletal Centers Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10362019
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 244 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kraushaar, Barry, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Divot PI
 City Suffern State NY Zip Code 10901-3942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Ortho & Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 568.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10362020
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Nakano, Jeffrey, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 699 Cascade Drive
 City Grand Junction State CO Zip Code 81506-8355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10362025
 Amount of Each Receipt this Period 20.00
 Memo Item

c. LaPorte, Jeffrey, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5202 Laree Ct
 City Missoula State MT Zip Code 59803-2427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Missoula Bone and Joint Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1084.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10362028
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 188.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 245 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Scillia, Anthony, James, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 14th Street
Apt 1021

City Hoboken State NJ Zip Code 07030-6779

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New Jersey Orthopaedic Institute Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10362030

Amount of Each Receipt this Period 20.00

Memo Item

B. Mott, Michael, P, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11193 Maple Ridge Drive

City Plymouth State MI Zip Code 48170-6387

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Henry Ford Hospital, K-12 Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1070.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10362031

Amount of Each Receipt this Period 50.00

Memo Item

c. Delanois, Ronald, Emilio, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Brookfield Garth

City Lutherville Timonium State MD Zip Code 21093-4700

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lifebridge Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 10 / 28 / 2019
Transaction ID : 10362032

Amount of Each Receipt this Period 500.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 570.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 246 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Iorio, Richard, , , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 Prince St

| | | |
|-----------------|-------------|------------------------|
| City Beverly | State MA | Zip Code 01915-2007 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) NYU Langone Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 28 | | 2019 |

Transaction ID : 10362033

Amount of Each Receipt this Period
84.00

Memo Item

B. Furry, Kimberly, Lee, , MD, FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Rio Vista Cir

| | | |
|-----------------|-------------|------------------------|
| City Durango | State CO | Zip Code 81301-4343 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 28 | | 2019 |

Transaction ID : 10362034

Amount of Each Receipt this Period
1000.00

Memo Item

C. Floyd, Donald, Wray, , MD, FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Hialeah Dr

| | | |
|-----------------|-------------|------------------------|
| City Midland | State TX | Zip Code 79705-1809 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 29 | | 2019 |

Transaction ID : 10362036

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1184.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 247 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Waddell, Bradford, Sutton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 255 Weaver St
Apt 3H

City Greenwich State CT Zip Code 06831-4260

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ochsner Clinic Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1840.00

Date of Receipt 10 / 30 / 2019
Transaction ID : 10362042

Amount of Each Receipt this Period 84.00

Memo Item

B. Lopez, David, Vincent, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 Courtney Ct

City Freehold State NJ Zip Code 07728-9564

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 30 / 2019
Transaction ID : 10362043

Amount of Each Receipt this Period 84.00

Memo Item

C. Dulske, Michael, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Burney Drive

City Flowood State MS Zip Code 39232-6621

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Capital Ortho Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2019
Transaction ID : 10362044

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 268.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 248 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Green, Andrew, , , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 Keene St

| | | |
|--------------------|-------------|------------------------|
| City Providence | State RI | Zip Code 02906-1521 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Univ Ortho Inc | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 30 | | 2019 |

Transaction ID : 10362046

Amount of Each Receipt this Period
1000.00

Memo Item

B. DeMaio, Marlene, , , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3131 Walnut St
Apt 405

| | | |
|----------------------|-------------|------------------------|
| City Philadelphia | State PA | Zip Code 19104-3423 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) University of Pennsylvania Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2020.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 31 | | 2019 |

Transaction ID : 10362047

Amount of Each Receipt this Period
20.00

Memo Item

C. Pushkin, Gary, W, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4101 Greenway

| | | |
|-------------------|-------------|------------------------|
| City Baltimore | State MD | Zip Code 21218-1133 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Cohen & Pushkin MD PA | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
540.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 28 | | 2019 |

Transaction ID : 10362048

Amount of Each Receipt this Period
20.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1040.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 249 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Cil, Akin, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4503 NE Waters Edge
 City Lees Summit State MO Zip Code 64064-1567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Missouri Kansas City Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 25 / 2019
Transaction ID : 10362248
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mesfin, Addisu, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 Georgian Court Road
 City Rochester State NY Zip Code 14610-3416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Rochester Orthopaedic Su Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2019
Transaction ID : 10362249
 Amount of Each Receipt this Period 500.00
 Memo Item

C. LaPorte, Jeffrey, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5202 Laree Ct
 City Missoula State MT Zip Code 59803-2427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Missoula Bone and Joint Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2019
Transaction ID : 10362250
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 250 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mather, Richard, C, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Watts St
 City Durham State NC Zip Code 27701-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 02 / 2019
Transaction ID : 10362674
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Uppal, Renny, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 02 / 2019
Transaction ID : 10362675
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Gottschalk, Michael, Brandon, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4799 Olde Village Cv
 City Atlanta State GA Zip Code 30338-5055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 02 / 2019
Transaction ID : 10362676
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 418.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 251 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Morgan, Steven, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5375 Preserve Drive
 City Greenwood Village State CO Zip Code 80121-2112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MOTUS Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2019
Transaction ID : 10362678
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Doty, Jesse, Forbes, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4986 Hamillville Ct
 City Hixson State TN Zip Code 37343-4426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Erlanger Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2019
Transaction ID : 10362680
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Freedberg, Douglas, Bentley, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5315 E Calle Del Norte
 City Phoenix State AZ Zip Code 85018-4449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arizona Sports Medicine Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2019
Transaction ID : 10362684
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1250.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 252 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Wyatt, Ronald, W B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Kaiser Permanente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2019
Transaction ID : 10362807
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Bales, Chris, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4466 Panthera Leo Drive
 City Carmel State IN Zip Code 46074-4412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortholndy Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2019
Transaction ID : 10362813
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Adler, Gerard, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N63W38375 Lac La Belle Dr
 City Oconomowoc State WI Zip Code 53066-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aurora Wilkinson Med Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2019
Transaction ID : 10362815
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1100.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 253 OF 495 |
| | <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. Renard, Regis, Louis, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 Chenal Woods Drive

| | | |
|---------------------|-------------|------------------------|
| City Little Rock | State AR | Zip Code 72223-9199 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) UAMS, Department of Orthopaedics | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2019

Transaction ID : 10362820

Amount of Each Receipt this Period
250.00

Memo Item

B. Mosley, Emmett, Wayne, , MD, FAAOS,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 633 Crescent Hills Way

| | | |
|------------------|-------------|------------------------|
| City Lakeland | State FL | Zip Code 33813-4675 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2019

Transaction ID : 10362821

Amount of Each Receipt this Period
84.00

Memo Item

C. Jennings, Randall, W, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1925 Roosevelt St

| | | |
|--------------------|-------------|------------------------|
| City North Bend | State OR | Zip Code 97459-1819 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) North Bend Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2019

Transaction ID : 10362823

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 418.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 254 OF 495 |
| | <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. Augustine, Stephen, John, , DO, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 946 Shipwatch Dr E

| | | |
|----------------------|-------------|------------------------|
| City Jacksonville | State FL | Zip Code 32225-5411 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2019

Transaction ID : 10363349

Amount of Each Receipt this Period
250.00

Memo Item

B. Borden, Brian, A, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) St Joseph Mercy | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2019

Transaction ID : 10363357

Amount of Each Receipt this Period
250.00

Memo Item

C. Smith, Garth, Robert, , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 875 Mallard Circle

| | | |
|----------------|-------------|------------------------|
| City Arnold | State MD | Zip Code 21012-1508 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2019

Transaction ID : 10363358

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 255 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Roberts, David, W, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 864 Burr Ave
 City Winnetka State IL Zip Code 60093-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northshore University Healthsystem Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2019
Transaction ID : 10363504
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Oglesby, J, Wills, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6109 Bresslyn Rd
 City Nashville State TN Zip Code 37205-3105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennessee Orthopedic Alliance Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2019
Transaction ID : 10363506
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Manson, Theodore, Thomas, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 Muirfield Close
 City Bel Air State MD Zip Code 21015-5679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2019
Transaction ID : 10363507
 Amount of Each Receipt this Period
 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 256 OF 495 |
| | <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. Charoglu, Constantine, , , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Waterford Drive

| | | |
|---------------------|-------------|------------------------|
| City Hattiesburg | State MS | Zip Code 39402-2927 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Southern Bone & Joint Specialists Inc | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 01 | / | 2019 |

Transaction ID : 10363508

Amount of Each Receipt this Period
500.00

Memo Item

B. Lintecum, Neal, D, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 789 N 1500 Road

| | | |
|------------------|-------------|------------------------|
| City Lawrence | State KS | Zip Code 66049-9194 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 05 | / | 2019 |

Transaction ID : 10364365

Amount of Each Receipt this Period
200.00

Memo Item

C. Wynder, Steven, G, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Parkview Ortho Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
924.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 05 | / | 2019 |

Transaction ID : 10364366

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 784.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 257 OF 495 |
| | <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. Milia, Marc, J, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1386 Stanley

| | | |
|--------------------|-------------|------------------------|
| City Birmingham | State MI | Zip Code 48009-4145 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Oakland Regional Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2019

Transaction ID : 10364367

Amount of Each Receipt this Period
250.00

Memo Item

B. Schmale, Gregory, A, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6515 126th Ave NE

| | | |
|------------------|-------------|------------------------|
| City Kirkland | State WA | Zip Code 98033-8569 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2019

Transaction ID : 10364368

Amount of Each Receipt this Period
84.00

Memo Item

c. Brolin, Tyler, James, , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1316 Bray Park Drive East

| | | |
|----------------------|-------------|------------------------|
| City Collierville | State TN | Zip Code 38017-3676 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Univ of Tn-Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2019

Transaction ID : 10364371

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 258 OF 495 |
| <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. Mulliken, Brian, D, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Brett Manor Ct

| | | |
|---------------------|-------------|------------------------|
| City Hunt Valley | State MD | Zip Code 21030-1228 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) University of Maryland | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 05 | / | 2019 |

Transaction ID : 10364373

Amount of Each Receipt this Period
250.00

Memo Item

B. Green, Stuart, A, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6371 Bixby Hill Road

| | | |
|--------------------|-------------|------------------------|
| City Long Beach | State CA | Zip Code 90815-4751 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) UC Irvine Healthcare | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 05 | / | 2019 |

Transaction ID : 10364461

Amount of Each Receipt this Period
250.00

Memo Item

C. Cameron, Julian A, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 S Riverside Dr

| | | |
|-----------------------|-------------|------------------------|
| City Pompano Beach | State FL | Zip Code 33062-5528 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Comprehensive Spine Center | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 06 | / | 2019 |

Transaction ID : 10364462

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 259 OF 495 |
| | <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. Heckmann, Nathanael, D, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1622 Linda Rosa Avenue
 City Los Angeles State CA Zip Code 90041-2226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USC Ortho Residency Program Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2019
Transaction ID : 10364464
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Green, Daniel, William, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Hospital for Special Surgery 535 East 70th St
 City New York State NY Zip Code 10021-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1925.00

Date of Receipt 11 / 07 / 2019
Transaction ID : 10364855
 Amount of Each Receipt this Period 175.00
 Memo Item

C. Kiner, Dirk, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 438 Oliver Street
 City Chattanooga State TN Zip Code 37405-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 07 / 2019
Transaction ID : 10364856
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 384.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 260 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Nantais, Robert, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 Providence Rd South
 Suite 225
 City Waxhaw State NC Zip Code 28173-6314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 07 / 2019
Transaction ID : 10364869
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Flint, Russell, Austin, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Terrace Way
 City Jasper State GA Zip Code 30143-4829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Piedmont Healthcare Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 05 / 2019
Transaction ID : 10364895
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Banks, Willie, J, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2705 South 19th Street
 City Arlington State VA Zip Code 22204-5263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dept of Veterans Affairs Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 05 / 2019
Transaction ID : 10364896
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 700.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 261 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Gammon, Steven, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2006 Bison Court

| | | |
|------------------------|-------------|------------------------|
| City Grand Junction | State CO | Zip Code 81507-9709 |
|------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Rocky Mountain Orthopaedics Associates | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 05 | | 2019 |

Transaction ID : 10364897

Amount of Each Receipt this Period
1000.00

Memo Item

B. Wise, Thomas, W, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 117 S Washington Street

| | | |
|--------------------|-------------|------------------------|
| City Winchester | State VA | Zip Code 22601-4131 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 05 | | 2019 |

Transaction ID : 10364898

Amount of Each Receipt this Period
250.00

Memo Item

C. Hopkinson, William, John, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 351 E 59th St

| | | |
|------------------|-------------|------------------------|
| City Hinsdale | State IL | Zip Code 60521-5002 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Loyola Univ Med Ctr | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 05 | | 2019 |

Transaction ID : 10364899

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 262 OF 495 |
| | <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. Marshall, Amanda, D, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 422 Tower Drive

| | | |
|---------------------|-------------|------------------------|
| City San Antonio | State TX | Zip Code 78232-2828 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) San Antonio Orthopaedic Specialists | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 05 | | 2019 |

Transaction ID : 10364901

Amount of Each Receipt this Period
250.00

Memo Item

B. Henneghan, David, M, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2111 Shadow View Circle

| | | |
|----------------|-------------|------------------------|
| City Plover | State WI | Zip Code 54467-2943 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Klasinski Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 05 | | 2019 |

Transaction ID : 10364906

Amount of Each Receipt this Period
500.00

Memo Item

C. Askin, Stanley, Robert, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 Hawkswell Cir

| | | |
|-----------------|-------------|------------------------|
| City Oreland | State PA | Zip Code 19075-1420 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 05 | | 2019 |

Transaction ID : 10364907

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 263 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Walker, Robert, N, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1873 E Parkhurst Ct

| | | |
|---------------|-------------|------------------------|
| City Eagle | State ID | Zip Code 83616-6803 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) St. Luke's Boise Orthopedic Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 05 | | 2019 |

Transaction ID : 10364908

Amount of Each Receipt this Period
250.00

Memo Item

B. Taksali, Sudeep, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7535 SW Schroeder Way

| | | |
|---------------------|-------------|------------------------|
| City Wilsonville | State OR | Zip Code 97070-9574 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Hope Orthopedics of Oregon | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 08 | | 2019 |

Transaction ID : 10365123

Amount of Each Receipt this Period
250.00

Memo Item

C. Leddy, Michael, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3444 Masonic Dr

| | | |
|--------------------|-------------|------------------------|
| City Alexandria | State LA | Zip Code 71301-3615 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Central Louisiana Surgical Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 08 | | 2019 |

Transaction ID : 10365124

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 264 OF 495 |
| | <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. Higgins, Michael, E, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5236 Rockport Landing
 City Suffolk State VA Zip Code 23435-3518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tidewater Orthopaedic Assoc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 11 / 08 / 2019
Transaction ID : 10365125
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Szczech, Bartlomiej, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 89 Intervale Way
 City Lake Placid State NY Zip Code 12946-3240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Joseph's Hospital Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 08 / 2019
Transaction ID : 10365126
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Kennedy, E, Jeff, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 Johnstone Dr
 City Madison State MS Zip Code 39110-7686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 08 / 2019
Transaction ID : 10366708
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 684.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 265 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Mejia, Alfonso, , , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5332 South Shore Drive
 City Chicago State IL Zip Code 60615-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Illinois Association of Orthopedic Sur Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2019
Transaction ID : 10366709
 Amount of Each Receipt this Period
 672.00
 Memo Item

B. Clain, Michael, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Indian Head Rd
 City Riverside State CT Zip Code 06878-2403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2019
Transaction ID : 10367410
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Silverman, Lance, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2774 W Lake of the Isles Pkwy
 City Minneapolis State MN Zip Code 55416-4337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Silverman 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
 11 / 09 / 2019
Transaction ID : 10367411
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1006.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 266 OF 495 |
| | <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. Migliori, Sidney, Premer, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 Chief Botelho Ct

| | | |
|------------------------|-------------|------------------------|
| City East Greenwich | State RI | Zip Code 02818-1251 |
|------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Ortho Rhode Island | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 09 | | 2019 |

Transaction ID : 10367412

Amount of Each Receipt this Period
84.00

Memo Item

B. Bernard, Johnathan, , , MD, MPH, F

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13350 Franklin Farm Road Suite 220

| | | |
|-----------------|-------------|------------------------|
| City Herndon | State VA | Zip Code 20171-4095 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) National Sports Medicine Institute | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 10 | | 2019 |

Transaction ID : 10367427

Amount of Each Receipt this Period
84.00

Memo Item

C. Dodds, Julie, A, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2900 Hannah Blvd Ste 212

| | | |
|----------------------|-------------|------------------------|
| City East Lansing | State MI | Zip Code 48823-5382 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 10 | | 2019 |

Transaction ID : 10367428

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 267 OF 495 |
| <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. Schneider, Scott, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1180 Mary Hill Circle
 City Hartland State WI Zip Code 53029-8009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic Associates of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 10 / 2019
Transaction ID : 10367432
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Duck, Holly, J, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 290 Wimbledon Hills Dr SW
 City Rochester State MN Zip Code 55902-4164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2019
Transaction ID : 10367434
 Amount of Each Receipt this Period 500.00
 Memo Item

c. Campbell, John, T, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4618 Sheppard Manor Dr
 City Ellicott City State MD Zip Code 21042-1454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Inst for Foot & Ankle Recon at Mercy Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 10 / 2019
Transaction ID : 10367436
 Amount of Each Receipt this Period 200.00
 Memo Item

| | |
|---|--------|
| 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 268 OF 495 |
| | <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. Braaton, Paul, J, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1335 Coffee Rd
Ste 100

| | | |
|-----------------|-------------|------------------------|
| City Modesto | State CA | Zip Code 95355-3192 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 11 | / | 2019 |

Transaction ID : 10367437

Amount of Each Receipt this Period
84.00

Memo Item

B. Espinoza, Luis, M, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Savannah Ridge Lane

| | | |
|------------------|-------------|-------------------|
| City Metairie | State LA | Zip Code 70001 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 11 | / | 2019 |

Transaction ID : 10367438

Amount of Each Receipt this Period
84.00

Memo Item

C. Hess, Alfred, V, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2405 S Dundee St

| | | |
|---------------|-------------|------------------------|
| City Tampa | State FL | Zip Code 33629-6408 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Florida Ortho Inst | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 08 | / | 2019 |

Transaction ID : 10368160

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 668.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 269 OF 495 |
| | <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. Sides, Steven, Douglas, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5321 West B St

| | | |
|-----------------|-------------|------------------------|
| City Greeley | State CO | Zip Code 80634-4269 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Banner Mountain Vista Orthopaedics | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 11 / 08 / 2019 |

Transaction ID : 10368169

Amount of Each Receipt this Period
500.00

Memo Item

B. Trumble, Thomas, E, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7683 SE 27th St #317

| | | |
|-----------------------|-------------|------------------------|
| City Mercer Island | State WA | Zip Code 98040-2804 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Bellevue Orthopedic Physicians, LLC | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 11 / 08 / 2019 |

Transaction ID : 10368171

Amount of Each Receipt this Period
250.00

Memo Item

C. Ginnett, John, G, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8049 Sky View Path

| | | |
|----------------|-------------|------------------------|
| City Victor | State NY | Zip Code 14564-8929 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) University of Rochester | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 11 / 08 / 2019 |

Transaction ID : 10368172

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1250.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 270 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Rud, Paul, T, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15684 Birchwood Ln

| | | |
|------------------|-------------|------------------------|
| City Brainerd | State MN | Zip Code 56401-6177 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 08 | / | 2019 |

Transaction ID : 10368173

Amount of Each Receipt this Period
250.00

Memo Item

B. Colville, Mark, R, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2375 NW Overton St

| | | |
|------------------|-------------|------------------------|
| City Portland | State OR | Zip Code 97210-2928 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) SWMC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 08 | / | 2019 |

Transaction ID : 10368174

Amount of Each Receipt this Period
1000.00

Memo Item

C. Moore, James, A, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 425 Hampton Rd
Unit 14

| | | |
|---------------------|-------------|------------------------|
| City Southampton | State NY | Zip Code 11968-3018 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Southampton Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 08 | / | 2019 |

Transaction ID : 10368175

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 271 OF 495 |
| | <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. Kort, James, Simon, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7910 E La Junta Dr
 City Scottsdale State AZ Zip Code 85255-2798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Banner Health Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 08 / 2019
Transaction ID : 10368192
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Page, Jean-Maurice, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Ridings Mitchell Creek Rd
 City London State KY Zip Code 40741-9699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Joseph Hospital London KY Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 08 / 2019
Transaction ID : 10368193
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Watson, Frederick, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 Hamlin Brook Pass
 City Southington State CT Zip Code 06489-2191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Neurosurgery, Orthopaedic & Spine Spec Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 08 / 2019
Transaction ID : 10368194
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 650.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 272 OF 495 |
| | <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. McGee, Kevin, Michael, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1532 Eagle Ridge Dr. NE

| | | |
|---------------------|-------------|------------------------|
| City Albuquerque | State NM | Zip Code 87122-1150 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) PMG Orthopaedics | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 08 | / | 2019 |

Transaction ID : 10368195

Amount of Each Receipt this Period
500.00

Memo Item

B. Helper, Stephen, D, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6155 Penfield Lane

| | | |
|---------------|-------------|------------------------|
| City Solon | State OH | Zip Code 44139-5940 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 08 | / | 2019 |

Transaction ID : 10368196

Amount of Each Receipt this Period
50.00

Memo Item

C. Hall, Adam, Dean, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1620 Silver Linden Ct

| | | |
|--------------------|-------------|------------------------|
| City Fort Wayne | State IN | Zip Code 46804-5216 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 08 | / | 2019 |

Transaction ID : 10368197

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| 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 273 OF 495 |
| | <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. Rankin, Glenn, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 651 N Granados Ave
 City Solana Beach State CA Zip Code 92075-1266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern California Permanente Medical Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2019
Transaction ID : 10368198
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Hennrikus, William, L, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 Laurel Ridge Rd
 City Hershey State PA Zip Code 17033-2514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn State Medical School Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2019
Transaction ID : 10368199
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Pushkarewicz, Michael, J, , MD, FAAOS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 Braken Ave
 City Wilmington State DE Zip Code 19808-4399
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First State Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2019
Transaction ID : 10368270
 Amount of Each Receipt this Period
 42.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 792.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 274 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Winston, Jonathan, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4534 Shadowbrook Court

| | | |
|--------------------|-------------|------------------------|
| City Bettendorf | State IA | Zip Code 52722-6585 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) ORA Orthopaedics | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 12 | | 2019 |

Transaction ID : 10368272

Amount of Each Receipt this Period
84.00

Memo Item

B. Means, Kenneth, Robert, , Jr, MD, FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2908 Crabapple Ln

| | | |
|-----------------------|-------------|------------------------|
| City Ellicott City | State MD | Zip Code 21042-2570 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Union Memorial Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 12 | | 2019 |

Transaction ID : 10368273

Amount of Each Receipt this Period
250.00

Memo Item

c. Krueger, Chad, A, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Seton Dr

| | | |
|--------------------|-------------|------------------------|
| City Shrewsbury | State MA | Zip Code 01545-5468 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
944.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 13 | | 2019 |

Transaction ID : 10369116

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 418.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 275 OF 495 |
| | <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. Gallant, Gregory, G, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3588 Wellsford Lane

| | | |
|--------------------|-------------|------------------------|
| City Doylestown | State PA | Zip Code 18902-1480 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.63

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 13 | | 2019 |

Transaction ID : 10369117

Amount of Each Receipt this Period
83.33

Memo Item

B. Burnham, Jeremy, M, , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3122 Nicholson Lake Dr

| | | |
|---------------------|-------------|------------------------|
| City Baton Rouge | State LA | Zip Code 70810-0353 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) University of KY-Kentucky Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 13 | | 2019 |

Transaction ID : 10369118

Amount of Each Receipt this Period
250.00

Memo Item

c. Lang, Gerald, J, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1309 Redan Drive

| | | |
|----------------|-------------|------------------------|
| City Verona | State WI | Zip Code 53593-7820 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) University of Wisconsin | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 13 | | 2019 |

Transaction ID : 10369119

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 583.33 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 276 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Courtney, Paul, Maxwell, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 902 S Front St
 City Philadelphia State PA Zip Code 19147-4304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 14 / 2019
Transaction ID : 10369208
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Carter, Ralph, E, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 Sterling Ln
 City Laurinburg State NC Zip Code 28352-5598
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2019
Transaction ID : 10369209
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Kean, Bret, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6542 SE Lake Road Suite 201
 City Milwaukie State OR Zip Code 97222-2245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eastside Orthopaedics & Sports Medicin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2019
Transaction ID : 10370679
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 834.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 277 OF 495 |
| | <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. Hansen, Uel, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 73203 E Sundown Pr SE
 City Kennewick State WA Zip Code 99338-5062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tri-City Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 13 / 2019
Transaction ID : 10370680
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Guehlstorf, Daniel, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9083 Kensington Way
 City Franklin State WI Zip Code 53132-8213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 13 / 2019
Transaction ID : 10370681
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Murray, Douglas, H, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4224 Valley Trail Dr
 City Atlanta State GA Zip Code 30339-4643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Peachtree Orthopedic Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2019
Transaction ID : 10370683
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1650.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 278 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Verhoog, Norman, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7831 Camino Del Encina Dr

| | | |
|-----------------|-------------|------------------------|
| City Redding | State CA | Zip Code 96001-4387 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 13 | | 2019 |

Transaction ID : 10370684

Amount of Each Receipt this Period
250.00

Memo Item

B. Mazzocca, Augustus, D, , MD, MS, FA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Ortho Surgery MARB 4th Fl
263 Farmington Avenue

| | | |
|--------------------|-------------|------------------------|
| City Farmington | State CT | Zip Code 06030-4037 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) University of Connecticut | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 13 | | 2019 |

Transaction ID : 10370685

Amount of Each Receipt this Period
100.00

Memo Item

C. Tompkins, John, F, , II, MD, FA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3301 Hickory Stick Rd

| | | |
|-----------------------|-------------|------------------------|
| City Oklahoma City | State OK | Zip Code 73120-5507 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) VA Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 13 | | 2019 |

Transaction ID : 10370686

Amount of Each Receipt this Period
200.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 550.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 279 OF 495 |
| | <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. Booth, Kevin, Charles, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18331 Golden Oaks Dr

| | | |
|-------------------|-------------|------------------------|
| City Jamestown | State CA | Zip Code 95327-9241 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) NCSI | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 13 | | 2019 |

Transaction ID : 10370687

Amount of Each Receipt this Period
500.00

Memo Item

B. Adrignolo, Anthony, J, , III, MD, F

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24965 Rivermere Dr

| | | |
|--------------|-------------|------------------------|
| City Eden | State MD | Zip Code 21822-2170 |
|--------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Peninsula Orthopaedic Associates | Occupation (for Individual) 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 |
| 11 | | 13 | | 2019 |

Transaction ID : 10370688

Amount of Each Receipt this Period
100.00

Memo Item

C. Martin, Kenneth, Andrew, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Platte Ct

| | | |
|------------------|-------------|------------------------|
| City Maumelle | State AR | Zip Code 72113-6553 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Arkansas Surgical Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 13 | | 2019 |

Transaction ID : 10370690

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 850.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 280 OF 495 |
| | <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. Kamps, Bryan, Scott, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3741 Monarch Dr NE
 City Grand Rapids State MI Zip Code 49525-3428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Spectrum Health Medical Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2019
Transaction ID : 10370691
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Fellars, Todd, A, , MD, MBA, P
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18715 Bernardo Trails Dr
 City San Diego State CA Zip Code 92128-1112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Naval Medical Center San Diego Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 10370844
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Melvin, James, Stuart, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2908 45th St NW
 City Washington State DC Zip Code 20016-3559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoVirginia Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 10370845
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|--|--------|
| 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 281 OF 495 |
| | <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. Berg, Troy, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3720 Glen Crest Ct
 City Eau Claire State WI Zip Code 54701-5615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OakLeaf Surgical Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 10370846
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Guevara, Benjamin, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 280 Remington Dr
 City Mandeville State LA Zip Code 70448-1942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Health Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 15 / 2019
Transaction ID : 10370847
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Bettin, Clayton, Charles, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5047 Shady Hall Ct
 City Memphis State TN Zip Code 38117-1519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 13 / 2019
Transaction ID : 10371243
 Amount of Each Receipt this Period 41.67
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 541.67 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 282 OF 495 |
| | <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. Calandrucchio, James, H, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Campbell Clinic
1400 S Germantown Rd

City Germantown State TN Zip Code 38138-2205

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 13 / 2019

Transaction ID : 10371244

Amount of Each Receipt this Period 41.67

Memo Item

B. Cannon, David, L, , MD,MBA,FAA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2639 Fox Hill Circle East

City Germantown State TN Zip Code 38139-6817

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 944.00

Date of Receipt 11 / 13 / 2019

Transaction ID : 10371245

Amount of Each Receipt this Period 84.00

Memo Item

C. Crockarell, John, R, , Jr, MD, FA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1458 W Poplar Ave
Ste 100

City Collierville State TN Zip Code 38017-0630

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 13 / 2019

Transaction ID : 10371246

Amount of Each Receipt this Period 41.67

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 167.34 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 283 OF 495 |
| | <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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Ford, Marcus, Christopher, , MD | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2019 | | |
| Mailing Address 116 Isle Creek Dr | | | Transaction ID : 10371249 | | |
| City Memphis | State TN | Zip Code 38103-8999 | Amount of Each Receipt this Period 20.84 | | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item | | |
| Name of Employer (for Individual) Campbell Clinic | | Occupation (for Individual) Orthopaedic Surgeon | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 229.24 | | | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Grear, Benjamin, J, , MD, FAAOS | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2019 | | |
| Mailing Address 219 LaGrange Creek Dr | | | Transaction ID : 10371250 | | |
| City Eads | State TN | Zip Code 38028-8015 | Amount of Each Receipt this Period 41.67 | | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item | | |
| Name of Employer (for Individual) Campbell Clinic | | Occupation (for Individual) Orthopaedic Surgeon | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 458.37 | | | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Guyton, James, L, , MD, FAAOS | | | Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2019 | | |
| Mailing Address 6422 Massey Estates Cove | | | Transaction ID : 10371251 | | |
| City Memphis | State TN | Zip Code 38120-1403 | Amount of Each Receipt this Period 41.67 | | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item | | |
| Name of Employer (for Individual) Campbell Clinic | | Occupation (for Individual) Orthopaedic Surgeon | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 458.37 | | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 104.18 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 284 OF 495 |
| | <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. Harkess, James, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1458 W Poplar #100
 City Collierville State TN Zip Code 38017-0630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 13 / 2019
Transaction ID : 10371252
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Heck, Robert, Kurt, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4938 Barfield Rd
 City Memphis State TN Zip Code 38117-2704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 13 / 2019
Transaction ID : 10371253
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Mascioli, Anthony, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 226 W Goodwyn
 City Memphis State TN Zip Code 38111-2542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt 11 / 13 / 2019
Transaction ID : 10371255
 Amount of Each Receipt this Period 20.83
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 104.17 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 285 OF 495 |
| | <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. Mauck, Benjamin, Matthew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2742 Central Ave
 City Memphis State TN Zip Code 38111-1811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt 11 / 13 / 2019
Transaction ID : 10371256
 Amount of Each Receipt this Period 20.83
 Memo Item

B. Miller, Robert, H, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 St Albans Fairway
 City Memphis State TN Zip Code 38111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 13 / 2019
Transaction ID : 10371267
 Amount of Each Receipt this Period 50.00
 Memo Item

c. Murphy, Garnett, Andrew, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Campbell Clinic
 1400 S Germantown Rd
 City Germantown State TN Zip Code 38138-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 13 / 2019
Transaction ID : 10371268
 Amount of Each Receipt this Period 41.67
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 112.50 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 286 OF 495 |
| | <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. Perez, Edward, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 Saint Nick Dr
 City Memphis State TN Zip Code 38117-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2019
Transaction ID : 10371269
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Phillips, Barry, B, MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8681 Windrush
 City Memphis State TN Zip Code 38125-8822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2019
Transaction ID : 10371270
 Amount of Each Receipt this Period
 20.83
 Memo Item

C. Richardson, David, R, MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 636 Center Dr
 City Memphis State TN Zip Code 38112-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2019
Transaction ID : 10371271
 Amount of Each Receipt this Period
 41.67
 Memo Item

| | |
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| SUBTOTAL of Receipts This Page (optional).....▶ | 104.17 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 287 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Rudloff, Matthew, Ian, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10211 Ramblewood Dr

| | | |
|-------------------|-------------|------------------------|
| City Arlington | State TN | Zip Code 38002-8549 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.37

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 13 | | 2019 |

Transaction ID : 10371461

Amount of Each Receipt this Period
41.67

Memo Item

B. Sawyer, Jeffrey, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4450 Chickasaw Road

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-1717 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.37

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 13 | | 2019 |

Transaction ID : 10371462

Amount of Each Receipt this Period
41.67

Memo Item

c. Sheffer, Benjamin, West, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 281 Ben Avon Way

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38111-7702 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
558.37

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 13 | | 2019 |

Transaction ID : 10371463

Amount of Each Receipt this Period
41.67

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 125.01 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 288 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Thompson, Norfleet, Buckner, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3784 Highland Park Place
 City Memphis State TN Zip Code 38111-6923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2019
Transaction ID : 10371464
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. Throckmorton, Thomas, Ward, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4901 Fairfield Circle
 City Memphis State TN Zip Code 38117-4209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2019
Transaction ID : 10371465
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. Warner, William, C, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 East Cherry Circle
 City Memphis State TN Zip Code 38117-3501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Campbell Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2019
Transaction ID : 10371466
 Amount of Each Receipt this Period
 41.67
 Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.01 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 289 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Weinlein, John, C, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 145 Greenbriar Dr

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38117-3207 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.37

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 13 | | 2019 |

Transaction ID : 10371467

Amount of Each Receipt this Period
41.67

Memo Item

B. Whittle, A, Paige, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 836 Harbor Isle Circle East

| | | |
|-----------------|-------------|------------------------|
| City Memphis | State TN | Zip Code 38103-0836 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
458.37

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 13 | | 2019 |

Transaction ID : 10371468

Amount of Each Receipt this Period
41.67

Memo Item

C. Williams, Keith, D, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2336 Pinnacle Creek Dr

| | | |
|--------------------|-------------|------------------------|
| City Germantown | State TN | Zip Code 38138-4626 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Campbell Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
458.37

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 13 | | 2019 |

Transaction ID : 10371469

Amount of Each Receipt this Period
41.67

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.01 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 290 OF 495 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kelly, Derek, Michael, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 256 Brenrich Cove
 City Memphis State TN Zip Code 38117-2834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 13 / 2019
Transaction ID : 10371481
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Mihalko, Marc, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4079 Barfield Road
 City Memphis State TN Zip Code 38117-1501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Campbell Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 13 / 2019
Transaction ID : 10371482
 Amount of Each Receipt this Period 41.67
 Memo Item

C. Hussain, Suleman, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6817 Still Creek Pass
 City Bettendorf State IA Zip Code 52722-7567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 16 / 2019
Transaction ID : 10371602
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 167.34 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 291 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Pinto, Mark, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1382 Waterways Dr
 City Ann Arbor State MI Zip Code 48108-2751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **11 / 16 / 2019**
Transaction ID : 10371603
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Snyder, Matthew, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14912 Chopine Pass
 City Roanoke State IN Zip Code 46783-9308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 935.00

Date of Receipt **11 / 16 / 2019**
Transaction ID : 10371604
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Grimm, Matthew, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Avenue B
 City Marrero State LA Zip Code 70072-3112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 924.00

Date of Receipt **11 / 16 / 2019**
Transaction ID : 10371605
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 419.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 292 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Forman, Scott, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 San Miguel Dr
 Ste 701
 City Newport Beach State CA Zip Code 92660-5927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **11 / 16 / 2019**
Transaction ID : 10371606
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Greene, Robert, Neil, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 N 16th Ave
 City Yakima State WA Zip Code 98902-1347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 588.00

Date of Receipt **11 / 17 / 2019**
Transaction ID : 10371607
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Dreher, Gerald, F, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2006 Elk Trail
 City Harker Heights State TX Zip Code 76548-2140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VAMC Temple Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt **11 / 17 / 2019**
Transaction ID : 10371729
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 834.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 293 OF 495 |
| | <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. Gainor, John, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1200

| | | |
|-----------------------|-------------|------------------------|
| City Santa Barbara | State CA | Zip Code 93102-1200 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Sansum Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2019

Transaction ID : 10372963

Amount of Each Receipt this Period
1000.00

Memo Item

B. Frost, Nathan, Lee, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3140 Maringo Rd. SE

| | | |
|-----------------|-------------|------------------------|
| City Olympia | State WA | Zip Code 98501-3428 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2019

Transaction ID : 10372964

Amount of Each Receipt this Period
250.00

Memo Item

C. Defee, Jason, Miles, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2115 Stuart

| | | |
|-----------------|-------------|------------------------|
| City Alamosa | State CO | Zip Code 81101-2269 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) SLVH Alamosa, CO | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2019

Transaction ID : 10372965

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 294 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Brodsky, James, White, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9930 Rockbrook

| | | |
|----------------|-------------|------------------------|
| City Dallas | State TX | Zip Code 75220-2043 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) HTPN | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 15 | | 2019 |

Transaction ID : 10372966

Amount of Each Receipt this Period
500.00

Memo Item

B. Kress, Kenneth, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 Blakenham Ct

| | | |
|--------------------|-------------|------------------------|
| City Alpharetta | State GA | Zip Code 30022-7952 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Northside Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 15 | | 2019 |

Transaction ID : 10372974

Amount of Each Receipt this Period
1000.00

Memo Item

C. Robertson, Ryan, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 520 Tuckahoe Club Court

| | | |
|-----------------|-------------|------------------------|
| City Henrico | State VA | Zip Code 23229-7289 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Palmetto Hlth Richland-Univ Ortho | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 15 | | 2019 |

Transaction ID : 10372975

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 295 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Buckley, Steven, L, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 Locust Ave SE

| | | |
|--------------------|-------------|------------------------|
| City Huntsville | State AL | Zip Code 35801-3712 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Crestwood Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 15 | | 2019 |

Transaction ID : 10372976

Amount of Each Receipt this Period
500.00

Memo Item

B. Guanche, Carlos, , , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3608 Crownridge Drive

| | | |
|----------------------|-------------|------------------------|
| City Sherman Oaks | State CA | Zip Code 91403-4816 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Southern California Ortho Institute | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 15 | | 2019 |

Transaction ID : 10373036

Amount of Each Receipt this Period
500.00

Memo Item

C. Shah, Roshan, P, , MD, JD, FA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 610 West 110th Street
Apt 3E

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10025-2105 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Columbia University Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
924.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 19 | | 2019 |

Transaction ID : 10373562

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1084.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 296 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Tyndall, William, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 123 Brittany Ln

| | | |
|-----------------------|-------------|------------------------|
| City Hollidaysburg | State PA | Zip Code 16648-9269 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) University Orthopedics | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 19 | | 2019 |

Transaction ID : 10373563

Amount of Each Receipt this Period
84.00

Memo Item

B. Schmitz, Matthew, R, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Ottawa Run

| | | |
|----------------------|-------------|------------------------|
| City Shavano Park | State TX | Zip Code 78231-1457 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) San Antonio Military Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
756.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 19 | | 2019 |

Transaction ID : 10373564

Amount of Each Receipt this Period
84.00

Memo Item

C. Mitros, Stephen, F, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51045 Erin Glen Dr

| | | |
|-----------------|-------------|------------------------|
| City Granger | State IN | Zip Code 46530-9089 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Mitros Orthopaedics | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
856.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 19 | | 2019 |

Transaction ID : 10373565

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 297 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Cooper, Scott, Snow, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 NW A St
 City Bentonville State AR Zip Code 72712-5216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Mercy Clinic Orthopedics Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 776.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2019
Transaction ID : 10373566
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Brown, Barrett, Shytles, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Fondren Orthopedic Group
 7401 Main St
 City Houston State TX Zip Code 77030-4509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Texas Orthopedic Hospital Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2019
Transaction ID : 10375457
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Olson, Craig, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Eagle Ridge Court
 City Manitowoc State WI Zip Code 54220-8625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2019
Transaction ID : 10375458
 Amount of Each Receipt this Period
 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 298 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Robie, David, B, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6585 Plesenton Dr S
 City Worthington State OH Zip Code 43085-2944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic One Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2019
Transaction ID : 10376958
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Mata, Brian, Albert, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 196 Main Street
 City Hamburg State NY Zip Code 14075-3658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lakeshore Orthopaedic Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2019
Transaction ID : 10376959
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Haus, Mary, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Alyssum Drive
 City Butler State PA Zip Code 16001-3708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ohio Valley Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2019
Transaction ID : 10376960
 Amount of Each Receipt this Period
 1500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2800.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 299 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kam, Benjamin, C., Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1325 Old Ranch Rd
 City Colorado Springs State CO Zip Code 80921-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 11 / 19 / 2019
Transaction ID : 10376961
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Smucker, Craig, G., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 Oakland Ct
 City Newark State DE Zip Code 19711-3450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Smucker Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 11 / 19 / 2019
Transaction ID : 10376962
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Russell, George, V., Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Hawthorne Vale
 City Ridgeland State MS Zip Code 39157-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Mississippi Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 895.00

Date of Receipt 11 / 19 / 2019
Transaction ID : 10376964
 Amount of Each Receipt this Period 90.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 840.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 300 OF 495 |
| | <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. Maddox, Philip, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 927 Franklin St SE

| | | |
|--------------------|-------------|------------------------|
| City Huntsville | State AL | Zip Code 35801-4301 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 19 | / | 2019 |

Transaction ID : 10376965

Amount of Each Receipt this Period
1000.00

Memo Item

B. Duggan, John, P, , Jr, MD, FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 meadows end

| | | |
|--------------------|-------------|------------------------|
| City Georgetown | State TX | Zip Code 78628-0906 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Wellstone | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 19 | / | 2019 |

Transaction ID : 10376966

Amount of Each Receipt this Period
500.00

Memo Item

C. Hermanson, Evan, M, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2816 E Old Orchard Trl

| | | |
|---------------------|-------------|------------------------|
| City Sioux Falls | State SD | Zip Code 57103-4371 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Sioux Falls Specialty Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | / | 20 | / | 2019 |

Transaction ID : 10379502

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|-----|-----------------------------------|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 301 OF 495 |
| <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

A. Chapman, Cary, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1534 Victory Blvd
 Ste 1
 City Staten Island State NY Zip Code 10314-3530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **924.00**

Date of Receipt **11 / 21 / 2019**
Transaction ID : 10379540
 Amount of Each Receipt this Period **84.00**
 Memo Item

B. Stoeckl, Andrew, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Fairlawn Dr
 City Amherst State NY Zip Code 14226-3422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Excelsior Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **913.00**

Date of Receipt **11 / 21 / 2019**
Transaction ID : 10379541
 Amount of Each Receipt this Period **83.00**
 Memo Item

C. Stronach, Benjamin, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Antlers Ln
 City Madison State MS Zip Code 39110-8011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Mississippi Hlth Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 21 / 2019**
Transaction ID : 10379542
 Amount of Each Receipt this Period **250.00**
 Memo Item

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | 417.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 302 OF 495 |
| | <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. Sherbondy, Paul, Strawn, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 507 Beaumont Drive

| | | |
|-----------------------|-------------|------------------------|
| City State College | State PA | Zip Code 16801-8311 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 22 | | 2019 |

Transaction ID : 10380318

Amount of Each Receipt this Period
84.00

Memo Item

B. Mansfield, David, J, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 773 Azalea Pl

| | | |
|-----------------|-------------|------------------------|
| City El Paso | State TX | Zip Code 79922-2001 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) El Paso Orthopaedic Surgery Group | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1174.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 22 | | 2019 |

Transaction ID : 10380319

Amount of Each Receipt this Period
84.00

Memo Item

c. Hayter, Ronald, G, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2146 Camden Way

| | | |
|--------------------|-------------|------------------------|
| City Clearwater | State FL | Zip Code 33759-1023 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 22 | | 2019 |

Transaction ID : 10380321

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 418.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 303 OF 495 |
| | <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. Veitch, Andrew, John, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13416 Desert Zinnia Ct NE

| | | |
|---------------------|-------------|------------------------|
| City Albuquerque | State NM | Zip Code 87111-7154 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2019

Transaction ID : 10380322

Amount of Each Receipt this Period
84.00

Memo Item

B. Paynter, Thomas, B, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4900 Deer View Rd NE

| | | |
|----------------------|-------------|------------------------|
| City Cedar Rapids | State IA | Zip Code 52411-7871 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Elmendorf Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2019

Transaction ID : 10380323

Amount of Each Receipt this Period
250.00

Memo Item

c. Hebert-Davies, Jonah, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 801 Dexter Ave N
Apt 807

| | | |
|-----------------|-------------|------------------------|
| City Seattle | State WA | Zip Code 98109-4379 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Harborview Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2019

Transaction ID : 10380324

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 304 OF 495 |
| | <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. Hire, Justin, M, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 Newton Court

| | | |
|---------------------------|-------------|------------------------|
| City Fort Leonard Wood | State MO | Zip Code 65473-1308 |
|---------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
462.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 22 | / | 2019 |

Transaction ID : 10380325

Amount of Each Receipt this Period
42.00

Memo Item

B. Nelson, Daniel, Richard, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 654 W Sawgrass Trail

| | | |
|----------------------|-------------|------------------------|
| City Dakota Dunes | State SD | Zip Code 57049-5206 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) CNOS | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 22 | / | 2019 |

Transaction ID : 10380327

Amount of Each Receipt this Period
580.00

Memo Item

C. Watson, Eric, S, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Eric Watson
5801 Frontier Trail

| | | |
|---------------------|-------------|------------------------|
| City Sioux Falls | State SD | Zip Code 57108-2037 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Sioux Falls Specialty Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 22 | / | 2019 |

Transaction ID : 10380420

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1122.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 305 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Navarro, Ronald, Anthony, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Wide Loop Rd

| | | |
|-----------------------|-------------|------------------------|
| City Rolling Hills | State CA | Zip Code 90274-5234 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Kaiser Permanente South Bay | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 23 | | 2019 |

Transaction ID : 10380421

Amount of Each Receipt this Period
84.00

Memo Item

B. More, Robert, Cameron, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8100 Wescott Drive
Suite 101

| | | |
|--------------------|-------------|------------------------|
| City Flemington | State NJ | Zip Code 08822-4671 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Hunterdon Orthopaedic Institute | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 23 | | 2019 |

Transaction ID : 10380422

Amount of Each Receipt this Period
84.00

Memo Item

C. Hartsock, Langdon, A, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 188 Tradd Street

| | | |
|--------------------|-------------|------------------------|
| City Charleston | State SC | Zip Code 29401-1818 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Med Univ of SC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
924.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 24 | | 2019 |

Transaction ID : 10380423

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 306 OF 495 |
| <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. Malone, Stephen, L, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 Westover Rd
 City Wilmington State DE Zip Code 19807-2980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopaedic Spine Ctr PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 24 / 2019
Transaction ID : 10380424
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Gerlinger, COL. (ret) Tad, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 596 Provident Ave
 City Winnetka State IL Zip Code 60093-2213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midwest Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 24 / 2019
Transaction ID : 10380425
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Monson, David, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1491 LaChona Court NE
 City Atlanta State GA Zip Code 30329-3481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 24 / 2019
Transaction ID : 10380426
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 434.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 307 OF 495 |
| | <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. McCulloch, Patrick, T, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 307 Buckingham Drive

| | | |
|-----------------|-------------|------------------------|
| City Venetia | State PA | Zip Code 15367-2383 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Advanced Ortho & Rehab | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2019 |

Transaction ID : 10380427

Amount of Each Receipt this Period
84.00

Memo Item

B. Swenning, Todd, Allen, , MD,FACS,FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41970 Rancho Manana Lane

| | | |
|-----------------------|-------------|-------------------|
| City Rancho Mirage | State CA | Zip Code 92270 |
|-----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
749.97

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 25 | / | 2019 |

Transaction ID : 10380428

Amount of Each Receipt this Period
83.33

Memo Item

c. Urband, Lindsey, , , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8008 Frost St Ste 403

| | | |
|-------------------|-------------|------------------------|
| City San Diego | State CA | Zip Code 92123-4209 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Hand Center of San Antonio | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
924.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 04 | / | 2019 |

Transaction ID : 10381290

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 251.33 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 308 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Engstrom, Stephen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1215 21st Avenue South
 Suite 4200
 City Nashville State TN Zip Code 37232-8774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Univ-Vanderbilt Ortho Inst Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt 11 / 04 / 2019
Transaction ID : 10381291
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Sheehan, John, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6621 Cuming St
 City Omaha State NE Zip Code 68132-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boys Town Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 06 / 2019
Transaction ID : 10381296
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Migliori, Sidney, Premer, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Chief Botelho Ct
 City East Greenwich State RI Zip Code 02818-1251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortho Rhode Island Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt 11 / 07 / 2019
Transaction ID : 10381298
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 309 OF 495 |
| | <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. Harrison, Alicia, Karin, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1942 Humboldt Ave S

| | | |
|---------------------|-------------|------------------------|
| City Minneapolis | State MN | Zip Code 55403-2815 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Univ of Minnesota | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 08 | / | 2019 |

Transaction ID : 10381299

Amount of Each Receipt this Period
84.00

Memo Item

B. Cannada, Lisa, K, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14357 Cottage Lake Road

| | | |
|----------------------|-------------|------------------------|
| City Jacksonville | State FL | Zip Code 32224-0849 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Univ of Florida College of Medicine | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 12 | / | 2019 |

Transaction ID : 10381302

Amount of Each Receipt this Period
84.00

Memo Item

C. Young, Melissa, , , JD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9400 W Higgins Rd
Ste 500

| | | |
|------------------|-------------|------------------------|
| City Rosemont | State IL | Zip Code 60018-4975 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) American Academy of Ortho Surgeons | Occupation (for Individual) General Counsel |
|---|--|

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 |
| 11 | / | 12 | / | 2019 |

Transaction ID : 10381303

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 268.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 310 OF 495 |
| | <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. Huddleston, James, Irvin, , III, MD,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Harkins Road
 City Woodside State CA Zip Code 94062-4516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Stanford Medicine Outpatient Center Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2019
Transaction ID : 10381309
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Cimino, William, Gerard, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 Merwins Ln
 City Fairfield State CT Zip Code 06824-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 588.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2019
Transaction ID : 10381310
 Amount of Each Receipt this Period
 84.00
 Memo Item

c. Solacoff, David, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 W 10th Street Suite 1109
 City Wilmington State DE Zip Code 19801-1653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Delaware Orthopaedic Specialists Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2019
Transaction ID : 10381313
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | | |
|---|--|---|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 311 OF 495 | | |
| | <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. Damalas, Dino, , MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018-4975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 12 / 2019
Transaction ID : 10381314
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Parsley, Brian, S, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5420 West Loop South Suite 2400
 City Bellaire State TX Zip Code 77401-2118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UT Health Physicians Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt 11 / 13 / 2019
Transaction ID : 10381316
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Fragomen, Austin, Thomas, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48-25 64th St
 City Woodside State NY Zip Code 11377-5839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital for Special Surgery Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 13 / 2019
Transaction ID : 10381317
 Amount of Each Receipt this Period 100.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 268.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 312 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Nepola, James, V, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Hawkins Dr
 Dept of Ortho
 City Iowa City State IA Zip Code 52242-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **11 / 18 / 2019**
Transaction ID : 10381320
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Levy, Jonathan, Chad, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Compass Ln
 City Ft Lauderdale State FL Zip Code 33308-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **11 / 18 / 2019**
Transaction ID : 10381321
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Steinmann, Scott, P, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3584 Reflecting Drive
 City Chattanooga State TN Zip Code 37415-5654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt **11 / 18 / 2019**
Transaction ID : 10381322
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2250.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 313 OF 495 |
| | <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. Ellis, Thomas, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5190 Harlem Road

| | | |
|--------------------|-------------|------------------------|
| City New Albany | State OH | Zip Code 43054-9771 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2019

Transaction ID : 10382186

Amount of Each Receipt this Period
250.00

Memo Item

B. Blum, David, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Dockside Circle

| | | |
|----------------|-------------|------------------------|
| City Weston | State FL | Zip Code 33327-1113 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Orthopaedic Center of South Florida | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2019

Transaction ID : 10382278

Amount of Each Receipt this Period
250.00

Memo Item

C. Cambareri, John, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Feldspar Dr

| | | |
|------------------|-------------|------------------------|
| City Syracuse | State NY | Zip Code 13219-3405 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Syracuse Ortho Specialists, PC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2019

Transaction ID : 10382281

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 314 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kirk, Patrick, G, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8405 Eustisfarm Ln

| | | |
|--------------------|-------------|------------------------|
| City Cincinnati | State OH | Zip Code 45243-4213 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) The Christ Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 25 | | 2019 |

Transaction ID : 10382606

Amount of Each Receipt this Period
1000.00

Memo Item

B. Lindaman, Matthew, R, , DO, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2130 E Stonebrook Ln

| | | |
|------------------|-------------|------------------------|
| City Eldridge | State IA | Zip Code 52748-9360 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 26 | | 2019 |

Transaction ID : 10382630

Amount of Each Receipt this Period
1000.00

Memo Item

C. Beltran, Michael, John, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address UC Dept of Orthopaedic Surgery
231 Albert Sabin Way Room 5553

| | | |
|--------------------|-------------|------------------------|
| City Cincinnati | State OH | Zip Code 45267-0212 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Department of Orthopaedics and Rehabil | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
504.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 26 | | 2019 |

Transaction ID : 10382631

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2084.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 315 OF 495 |
| | <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. Vener, Michael, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 668 N Lake Dr
 City Watertown State SD Zip Code 57201-5516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Glacial Lakes Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 26 / 2019**
Transaction ID : 10384327
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kirol, Bernard, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 338 Turnwall Ln
 City Elgin State SC Zip Code 29045-9507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Midlands Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt **11 / 27 / 2019**
Transaction ID : 10384328
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Sarwahi, Vishal, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 650 West 42nd St Apt 3912
 City New York State NY Zip Code 10036-4391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cohen Children's Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt **11 / 27 / 2019**
Transaction ID : 10384329
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 409.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 316 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Baker, Donald, Earl, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 Little Creek Road
 City Flowood State MS Zip Code 39232-8682
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Merit Health Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 27 / 2019**
Transaction ID : 10384330
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Giammattei, Frank, P, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Woodbrook Rd
 City Swarthmore State PA Zip Code 19081-1234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Premier Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt **11 / 28 / 2019**
Transaction ID : 10384425
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Gary, Joshua, Layne, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3726 Tangley Rd
 City Houston State TX Zip Code 77005-2032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt **11 / 28 / 2019**
Transaction ID : 10384426
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 418.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 317 OF 495 |
| | <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. Easley, Mark, E, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Duke Medicine
4709 Creekstone Drive

| | | |
|----------------|-------------|------------------------|
| City Durham | State NC | Zip Code 27703-9822 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Duke Medicine | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 28 | / | 2019 |

Transaction ID : 10384427

Amount of Each Receipt this Period
84.00

Memo Item

B. Carolan, Gregory, Francis, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1806 Meadow Ridge Ct

| | | |
|-------------------|-------------|------------------------|
| City Bethlehem | State PA | Zip Code 18015-5003 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) St Luke's Ortho Surg Group | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
924.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 28 | / | 2019 |

Transaction ID : 10384428

Amount of Each Receipt this Period
84.00

Memo Item

C. Torres, Daniel, , , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1488 Shelburne Ct

| | | |
|-------------------|-------------|------------------------|
| City Allentown | State PA | Zip Code 18104-1949 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) University of Texas Med Branch | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
935.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 28 | / | 2019 |

Transaction ID : 10384429

Amount of Each Receipt this Period
85.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 253.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 318 OF 495 |
| | <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. Chandler, David, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Middle Plantation Ln
 City Gulf Breeze State FL Zip Code 32561-4899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 11 / 28 / 2019
Transaction ID : 10384430
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Allard, Mark, Michael, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3010 Cortney Circle
 City Siloam Springs State AR Zip Code 72761-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 28 / 2019
Transaction ID : 10384431
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Woodcock, Jessica, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Stillwood Ct
 City New Bern State NC Zip Code 28560-8040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 888.00

Date of Receipt 11 / 28 / 2019
Transaction ID : 10384432
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 319 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Huddleston, Paul, M, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31219 Lakeview Ave

| | | |
|------------------|-------------|------------------------|
| City Red Wing | State MN | Zip Code 55066-5630 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Mayo Clinic | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 28 | | 2019 |

Transaction ID : 10384433

Amount of Each Receipt this Period
250.00

Memo Item

B. Tracey, Robert, W, , MD, FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 Walker Road

| | | |
|---------------------|-------------|------------------------|
| City Great Falls | State VA | Zip Code 22066-1818 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Walter Reed National Military Medical | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 28 | | 2019 |

Transaction ID : 10384434

Amount of Each Receipt this Period
250.00

Memo Item

C. Connair, Michael, P, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 Old Hartford Turnpike

| | | |
|----------------|-------------|------------------------|
| City Hamden | State CT | Zip Code 06517-3522 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 28 | | 2019 |

Transaction ID : 10384435

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 320 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Porter, Scott, Edward, , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1420 Jonesville Road
 City Simpsonville State SC Zip Code 29681-4411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.00

Date of Receipt 11 / 28 / 2019
Transaction ID : 10384436
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Cassidy, Carter, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4890 Faulkirk Lane
 City Lexington State KY Zip Code 40515-1177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Res Program Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 01 / 2019
Transaction ID : 10384457
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Ellis, Henry, Bone, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2945 Stanford Ave
 City Dallas State TX Zip Code 75225-7802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Scottish Rite Sports Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 12 / 01 / 2019
Transaction ID : 10384458
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 253.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 321 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Reed, Lori, K, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 Klaas Boulevard

| | | |
|-----------------|-------------|------------------------|
| City Madison | State MS | Zip Code 39110-9118 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) University of Mississippi Medical Cent | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 01 | | 2019 |

Transaction ID : 10384459

Amount of Each Receipt this Period
84.00

Memo Item

B. Bailey, James, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10439 Blue Summit Court

| | | |
|-------------------|-------------|------------------------|
| City San Diego | State CA | Zip Code 92131-6113 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 01 | | 2019 |

Transaction ID : 10384460

Amount of Each Receipt this Period
42.00

Memo Item

c. Chalal, Joseph, B, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1005 Brooks Lane

| | | |
|----------------------|-------------|------------------------|
| City Delray Beach | State FL | Zip Code 33483-6507 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Preferred Orthopedics of the Palm Beac | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 01 | | 2019 |

Transaction ID : 10384462

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 376.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 322 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Marinello, Patrick, Gaetano, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 Bradhaven Rd
 City Slingerlands State NY Zip Code 12159-9369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 01 / 2019**
Transaction ID : 10384465
 Amount of Each Receipt this Period 328.00
 Memo Item

B. Kwong, Louis, M, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Box 422
 1000 W Carson St
 City Torrance State CA Zip Code 90508-0422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 02 / 2019**
Transaction ID : 10384466
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mather, Richard, C, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Watts St
 City Durham State NC Zip Code 27701-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt **12 / 02 / 2019**
Transaction ID : 10384467
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 662.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 323 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Uppal, Renny, , , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1730 Sharpe Hill Circle

| | | |
|--------------|-------------|------------------------|
| City Reno | State NV | Zip Code 89523-3924 |
|--------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 02 | | 2019 |

Transaction ID : 10384468

Amount of Each Receipt this Period
84.00

Memo Item

B. Brophy, Robert, H, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Maryhill Dr

| | | |
|---------------------|-------------|------------------------|
| City Saint Louis | State MO | Zip Code 63124-1368 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Washington University Orthopedics | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 02 | | 2019 |

Transaction ID : 10384469

Amount of Each Receipt this Period
250.00

Memo Item

c. Dhillon, Manjit, S, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12705 Hogans Dr

| | | |
|-----------------|-------------|------------------------|
| City Chester | State VA | Zip Code 23836-2676 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Southside Regional Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 02 | | 2019 |

Transaction ID : 10384471

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 324 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Port, J, Teig, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 456 Wyndemere

| | | |
|---------------|-------------|------------------------|
| City Heath | State TX | Zip Code 75032-2023 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 02 | / | 2019 |

Transaction ID : 10385180

Amount of Each Receipt this Period
1500.00

Memo Item

B. Abrams, Jeffrey, S, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Foulet Dr

| | | |
|-------------------|-------------|------------------------|
| City Princeton | State NJ | Zip Code 08540-7639 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Princeton Orthopaedic Assoc | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 19 | / | 2019 |

Transaction ID : 10385702

Amount of Each Receipt this Period
250.00

Memo Item

C. Johnson, Brian, Douglas, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 990 Wynstone Dr

| | | |
|-------------------|-------------|------------------------|
| City Jefferson | State SD | Zip Code 57038-6868 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) CNOS | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 19 | / | 2019 |

Transaction ID : 10385703

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2750.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 325 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bercik, Michael, J, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 Center Road
 City Lancaster State PA Zip Code 17603-4730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 20 / 2019
Transaction ID : 10385706
 Amount of Each Receipt this Period 50.00
 Memo Item

B. McPherson, Scott, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2908 E 26th St
 City Sioux Falls State SD Zip Code 57103-4089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Core Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2019
Transaction ID : 10385714
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Jiranek, William, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4066 Old River Trail
 City Powhatan State VA Zip Code 23139-4111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Duke University Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 22 / 2019
Transaction ID : 10385717
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1134.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 326 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Glusenkamp, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 22 / 2019
Transaction ID : 10385718
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Besh, Basil, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6135 Clubhouse Dr
 City Pleasanton State CA Zip Code 94566-9864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 11 / 25 / 2019
Transaction ID : 10385719
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Espiritu, Michael, T, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Spanish Bay
 City N Sioux City State SD Zip Code 57049-5446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CNOS Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 25 / 2019
Transaction ID : 10385722
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1134.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 327 OF 495 |
| <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. Alvine, Gregory, F, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2901 E Old Orchard Tr

| | | |
|---------------------|-------------|------------------------|
| City Sioux Falls | State SD | Zip Code 57103-4856 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Sioux Falls Specialty Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1070.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 25 | | 2019 |

Transaction ID : 10385725

Amount of Each Receipt this Period
1000.00

Memo Item

B. Jensen, Wade, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 W Tower Rd

| | | |
|----------------------|-------------|------------------------|
| City Dakota Dunes | State SD | Zip Code 57049-5060 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) CNOS | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 26 | | 2019 |

Transaction ID : 10385729

Amount of Each Receipt this Period
1000.00

Memo Item

C. Iorio, Richard, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 Prince St

| | | |
|-----------------|-------------|------------------------|
| City Beverly | State MA | Zip Code 01915-2007 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) NYU Langone Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
924.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11 | | 29 | | 2019 |

Transaction ID : 10385732

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2084.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 328 OF 495 |
| | <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. Peterson, Erik, Douglas, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 810 E 23rd St
PO Box 5116

City Sioux Falls State SD Zip Code 57117-5166

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sioux Falls Specialty Hospital Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 29 / 2019**

Transaction ID : 10385733

Amount of Each Receipt this Period 250.00

Memo Item

B. Giuseffi, Steven, A, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4784 Enchanted Pines Dr

City Rapid City State SD Zip Code 57701-9251

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Black Hills Orthopedic and Spine Cente Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 334.00

Date of Receipt **11 / 26 / 2019**

Transaction ID : 10385735

Amount of Each Receipt this Period 84.00

Memo Item

C. Eckrich, Stephen, G J, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5511 Shooting Star Trail

City Rapid City State SD Zip Code 57702-8867

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 252.00

Date of Receipt **12 / 03 / 2019**

Transaction ID : 10385944

Amount of Each Receipt this Period 84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 418.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 329 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Juelson, Timothy, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3512 Roosevelt Dr
 City Bismarck State ND Zip Code 58503-5853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Bone & Joint Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 03 / 2019
Transaction ID : 10386910
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hinchey, John, William, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 409 Normandy Ave
 City San Antonio State TX Zip Code 78209-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 04 / 2019
Transaction ID : 10387003
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mosley, Emmett, Wayne, , MD, FAAOS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 Crescent Hills Way
 City Lakeland State FL Zip Code 33813-4675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 04 / 2019
Transaction ID : 10387004
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 330 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Ayers, Michael, E, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Crescent Ave

| | | |
|------------------|-------------|------------------------|
| City Scituate | State MA | Zip Code 02066-4309 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) South Shore Orthopedics | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 04 | | 2019 |

Transaction ID : 10387005

Amount of Each Receipt this Period
250.00

Memo Item

B. Jennings, Randall, W, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1925 Roosevelt St

| | | |
|--------------------|-------------|------------------------|
| City North Bend | State OR | Zip Code 97459-1819 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) North Bend Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 04 | | 2019 |

Transaction ID : 10387006

Amount of Each Receipt this Period
84.00

Memo Item

C. Marsh, J, Lawrence, , MD,FAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Hawkins Drive
01002JPP

| | | |
|-------------------|-------------|------------------------|
| City Iowa City | State IA | Zip Code 52242-1088 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) University of Iowa | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 04 | | 2019 |

Transaction ID : 10387352

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1334.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 331 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Schmidt, Todd, A., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2865 Lake Park Drive
 City Jonesboro State GA Zip Code 30236-4133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2019
Transaction ID : 10387523
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Lintecum, Neal, D., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 789 N 1500 Road
 City Lawrence State KS Zip Code 66049-9194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2019
Transaction ID : 10387524
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Wynder, Steven, G., MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Parkview Ortho Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2019
Transaction ID : 10387525
 Amount of Each Receipt this Period
 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 534.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 332 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Marino, Anthony, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 Jenkins Rd
 City Bedford State NH Zip Code 03110-5042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 New Hampshire Orthopaedic Center Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2019
Transaction ID : 10387566
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Cyphers, Stephen, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4020 Macpheadris Way
 City El Dorado Hls State CA Zip Code 95762-7541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 El Dorado Multispecialty 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
 12 / 04 / 2019
Transaction ID : 10387567
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Chang, Richard, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 143 Grayson Dr
 City Belle Mead State NJ Zip Code 08502-4932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 MidJersey Orthopaedics Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2019
Transaction ID : 10387568
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 333 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Marino, Anthony, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 Jenkins Rd
 City Bedford State NH Zip Code 03110-5042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 New Hampshire Orthopaedic Center Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2019
Transaction ID : 10387569
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Scales, James, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 Underrock Road
 City Sparta State NJ Zip Code 07871-3149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2019
Transaction ID : 10387570
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Sees, Julieanne, P, , DO,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Edward Ct
 City Clifton State NJ Zip Code 07011-2858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Nemours A. I. Dupont Hospital For Chil 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
 12 / 04 / 2019
Transaction ID : 10387571
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|--|--------|
| 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 334 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Pollack, Michael, Edward, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2866 Furlong Road
 City Doylestown State PA Zip Code 18902-1606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mid Jersey Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2019
Transaction ID : 10387573
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Song, Frederick, Suh, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Beechtree Ln
 City Princeton State NJ Zip Code 08540-7428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Princeton Ortho Assoc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2019
Transaction ID : 10387587
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Warnick, Drew, Eugene, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2067 Michigan Ave NE
 City Saint Petersburg State FL Zip Code 33703-3407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Ortho and Scoliosis Surg As Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2019
Transaction ID : 10387588
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 335 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Ferkel, Richard, D, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6815 Noble Ave Frnt

| | | |
|------------------|-------------|------------------------|
| City Van Nuys | State CA | Zip Code 91405-6515 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Southern California Ortho | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 03 | | 2019 |

Transaction ID : 10387602

Amount of Each Receipt this Period
250.00

Memo Item

B. Pullekines, Joseph, W, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 262 Long Ridge Rd

| | | |
|----------------|-------------|------------------------|
| City Sunset | State SC | Zip Code 29685-1864 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Baptist Southeast Orthopaedics | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 03 | | 2019 |

Transaction ID : 10387603

Amount of Each Receipt this Period
250.00

Memo Item

C. Gutow, Andrew, P, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 741 Westminster Ln

| | | |
|-------------------|-------------|------------------------|
| City Los Altos | State CA | Zip Code 94022-1144 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Palo Alto Med Foundation | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 03 | | 2019 |

Transaction ID : 10387604

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 336 OF 495 |
| | (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. Burks, Robert, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 590 Wakara Way
 City Salt Lake City State UT Zip Code 84108-1200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 03 / 2019
Transaction ID : 10387608
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Young-Nguyen, Serena, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1760 Termino Ave #208
 City Long Beach State CA Zip Code 90804-2151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Long Beach Advanced Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 03 / 2019
Transaction ID : 10387609
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Roth, Yolanda, F, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7723 Ivymount Terr
 City Potomac State MD Zip Code 20854-3216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dept. VA - Washington VA Medical Cente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 03 / 2019
Transaction ID : 10387610
 Amount of Each Receipt this Period 150.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1400.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 337 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kavookjian, Haik, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 Newfield Ave
 City Stamford State CT Zip Code 06905-3330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Origin Health Care Solutions Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2019
Transaction ID : 10387631
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Farber, Daniel, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Fairhill Rd
 City Wynnewood State PA Zip Code 19096-1804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn Medicine Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2019
Transaction ID : 10387820
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Early, John, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8210 Walnut Hill Ln Ste 130
 City Dallas State TX Zip Code 75231-4418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2019
Transaction ID : 10387821
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 338 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bear, Brian, Jeffrey, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 324 Roxbury Rd

| | | |
|------------------|-------------|------------------------|
| City Rockford | State IL | Zip Code 61107-5090 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 06 | | 2019 |

Transaction ID : 10387822

Amount of Each Receipt this Period
250.00

Memo Item

B. Justice, Benjamin, Jay, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4676 Pascagoula Run

| | | |
|-------------------|-------------|------------------------|
| City Greenwood | State IN | Zip Code 46143-6849 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Ortholndy | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 06 | | 2019 |

Transaction ID : 10387823

Amount of Each Receipt this Period
250.00

Memo Item

C. Pierce, Troy, D, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4012 Edgewater Pl SE

| | | |
|----------------|-------------|------------------------|
| City Mandan | State ND | Zip Code 58554-7968 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) The Bone & Joint Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 06 | | 2019 |

Transaction ID : 10387824

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 339 OF 495 |
| <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. Green, Daniel, William, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Hospital for Special Surgery
535 East 70th St

City New York State NY Zip Code 10021-4823

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Hosp for Special Surgery Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 12 / 07 / 2019

Transaction ID : 10388161

Amount of Each Receipt this Period 175.00

Memo Item

B. Hildebrand, Randall, , , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1711 Lincoln St

City Great Bend State KS Zip Code 67530-7510

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 07 / 2019

Transaction ID : 10388162

Amount of Each Receipt this Period 250.00

Memo Item

C. Milam, R, Alden, , IV, MD,FAA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3320 Selwyn Ave

City Charlotte State NC Zip Code 28209-3326

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OrthoCarolina Spine Center Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 07 / 2019

Transaction ID : 10388163

Amount of Each Receipt this Period 250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 675.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 340 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kiner, Dirk, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 438 Oliver Street
 City Chattanooga State TN Zip Code 37405-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Orthopaedic Trauma Surgeons Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 07 / 2019
Transaction ID : 10388164
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Law, Brian, C, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 541 E Erie Street Unit 314
 City Milwaukee State WI Zip Code 53202-6238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 07 / 2019
Transaction ID : 10388165
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hsu, Joseph, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2816 Hedgewyk Pl
 City Charlotte State NC Zip Code 28211-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolinas Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 07 / 2019
Transaction ID : 10388166
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 341 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Gray, F, Scott, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Olmstead Lane

| | | |
|--------------------|-------------|------------------------|
| City Ridgefield | State CT | Zip Code 06877-5506 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Connecticut Family Orthopaedics | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 08 | | 2019 |

Transaction ID : 10388179

Amount of Each Receipt this Period
250.00

Memo Item

B. Higgins, Michael, E, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5236 Rockport Landing

| | | |
|-----------------|-------------|------------------------|
| City Suffolk | State VA | Zip Code 23435-3518 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Tidewater Orthopaedic Assoc | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 08 | | 2019 |

Transaction ID : 10388180

Amount of Each Receipt this Period
84.00

Memo Item

C. Szczech, Bartlomiej, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 89 Intervale Way

| | | |
|---------------------|-------------|------------------------|
| City Lake Placid | State NY | Zip Code 12946-3240 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) St Joseph's Hospital Med Ctr | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 08 | | 2019 |

Transaction ID : 10388181

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 434.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 342 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Kennedy, E, Jeff, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 Johnstone Dr
 City Madison State MS Zip Code 39110-7686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 12 / 08 / 2019
Transaction ID : 10388182
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mejia, Alfonso, , , MD, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5332 South Shore Drive
 City Chicago State IL Zip Code 60615-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illinois Association of Orthopedic Sur Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1008.00

Date of Receipt 12 / 08 / 2019
Transaction ID : 10388183
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Clain, Michael, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Indian Head Rd
 City Riverside State CT Zip Code 06878-2403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1008.00

Date of Receipt 12 / 09 / 2019
Transaction ID : 10388184
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 418.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 343 OF 495 |
| | <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. Moore, Slade, C, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 12 / 09 / 2019
Transaction ID : 10388185
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Armstrong, April, D, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Hope Dr EC089 Bldg A, Suite 2900, EC089
 City Hershey State PA Zip Code 17033-2036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 12 / 09 / 2019
Transaction ID : 10388186
 Amount of Each Receipt this Period 125.00
 Memo Item

c. Migliori, Sidney, Premer, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Chief Botelho Ct
 City East Greenwich State RI Zip Code 02818-1251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortho Rhode Island Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 756.00

Date of Receipt 12 / 09 / 2019
Transaction ID : 10388187
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 459.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 344 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bernard, Johnathan, , , MD, MPH, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13350 Franklin Farm Road
Suite 220

City Herndon State VA Zip Code 20171-4095

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Sports Medicine Institute Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt 12 / 10 / 2019
Transaction ID : 10393133

Amount of Each Receipt this Period 84.00

Memo Item

B. Dodds, Julie, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2900 Hannah Blvd
Ste 212

City East Lansing State MI Zip Code 48823-5382

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt 12 / 10 / 2019
Transaction ID : 10393134

Amount of Each Receipt this Period 84.00

Memo Item

C. Halikis, Nicholas, M, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23456 Hawthorne Blvd
Ste 300

City Torrance State CA Zip Code 90505-4716

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 09 / 2019
Transaction ID : 10393144

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 668.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 345 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

| | | | |
|---|-------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Griffin, Letha, Y, , MD,FAAOS | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2019 |
| Mailing Address 3200 Downwood Circle Ste 700 | | | Transaction ID : 10393146 |
| City Atlanta | State GA | Zip Code 30327-5308 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Peachtree Orthopaedic Clinic | | Occupation (for Individual) Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | | | |
|---|-------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Braaton, Paul, J, , MD, FAAOS | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2019 |
| Mailing Address 1335 Coffee Rd Ste 100 | | | Transaction ID : 10394114 |
| City Modesto | State CA | Zip Code 95355-3192 | Amount of Each Receipt this Period 84.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Self Employed | | Occupation (for Individual) Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1008.00 | |

| | | | |
|---|-------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Espinoza, Luis, M, , MD, FAAOS | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2019 |
| Mailing Address 5 Savannah Ridge Lane | | | Transaction ID : 10394115 |
| City Metairie | State LA | Zip Code 70001 | Amount of Each Receipt this Period 84.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Self Employed | | Occupation (for Individual) Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 504.00 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 668.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 346 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Winston, Jonathan, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4534 Shadowbrook Court

| | | |
|--------------------|-------------|------------------------|
| City Bettendorf | State IA | Zip Code 52722-6585 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) ORA Orthopaedics | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 12 | | 2019 |

Transaction ID : 10394314

Amount of Each Receipt this Period
84.00

Memo Item

B. Kamps, Bryan, Scott, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3741 Monarch Dr NE

| | | |
|----------------------|-------------|------------------------|
| City Grand Rapids | State MI | Zip Code 49525-3428 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Spectrum Health Medical Group | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 12 | | 2019 |

Transaction ID : 10396909

Amount of Each Receipt this Period
100.00

Memo Item

C. Baum, Jeffrey, A, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1094 Fox Chapel Rd

| | | |
|--------------------|-------------|------------------------|
| City Pittsburgh | State PA | Zip Code 15238-2014 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Three Rivers Ortho | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 12 | | 2019 |

Transaction ID : 10396910

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1184.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 347 OF 495 |
| <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. Brezenoff, Leigh, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Ventres Way
 City Burlington State CT Zip Code 06013-1904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Litchfield Hills Orthopedic Assoc Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 12 / 2019**
Transaction ID : 10396911
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Krueger, Chad, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Seton Dr
 City Shrewsbury State MA Zip Code 01545-5468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1028.00

Date of Receipt **12 / 13 / 2019**
Transaction ID : 10397235
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Hogan, MaCalus, Vinson, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Field Brook Lane
 City Gibsonia State PA Zip Code 15044-5328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Pittsburgh Medical Cente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 13 / 2019**
Transaction ID : 10397236
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 834.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 348 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Gallant, Gregory, G, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3588 Wellsford Lane

| | | |
|--------------------|-------------|------------------------|
| City Doylestown | State PA | Zip Code 18902-1480 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.96

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 13 | | 2019 |

Transaction ID : 10397237

Amount of Each Receipt this Period
83.33

Memo Item

B. Courtney, Paul, Maxwell, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 902 S Front St

| | | |
|----------------------|-------------|------------------------|
| City Philadelphia | State PA | Zip Code 19147-4304 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Rothman Institute | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 14 | | 2019 |

Transaction ID : 10397591

Amount of Each Receipt this Period
84.00

Memo Item

C. Johnson, Eric, T, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Nest Court

| | | |
|--------------------|-------------|------------------------|
| City Wilmington | State DE | Zip Code 19807-1147 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 15 | | 2019 |

Transaction ID : 10397597

Amount of Each Receipt this Period
500.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 667.33 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 349 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Hussain, Suleman, M, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6817 Still Creek Pass

| | | |
|--------------------|-------------|------------------------|
| City Bettendorf | State IA | Zip Code 52722-7567 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) ORA | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 16 | | 2019 |

Transaction ID : 10397598

Amount of Each Receipt this Period
84.00

Memo Item

B. Grimm, Matthew, R, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 920 Avenue B

| | | |
|-----------------|-------------|------------------------|
| City Marrero | State LA | Zip Code 70072-3112 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 16 | | 2019 |

Transaction ID : 10397600

Amount of Each Receipt this Period
84.00

Memo Item

C. Greene, Robert, Neil, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1211 N 16th Ave

| | | |
|----------------|-------------|------------------------|
| City Yakima | State WA | Zip Code 98902-1347 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
672.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 17 | | 2019 |

Transaction ID : 10399026

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 350 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Epps, Howard, R, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1936 Wroxtton Road
 City Houston State TX Zip Code 77005-1612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor College of Medicine Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 02 / 2019
Transaction ID : 10399831
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Waddell, Bradford, Sutton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 Weaver St Apt 3H
 City Greenwich State CT Zip Code 06831-4260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Clinic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1924.00

Date of Receipt 12 / 02 / 2019
Transaction ID : 10399832
 Amount of Each Receipt this Period 84.00
 Memo Item

c. Lopez, David, Vincent, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Courtney Ct
 City Freehold State NJ Zip Code 07728-9564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 924.00

Date of Receipt 12 / 02 / 2019
Transaction ID : 10399833
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 418.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 351 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Dulske, Michael, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Burney Drive
 City Flowood State MS Zip Code 39232-6621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Ortho Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 02 / 2019
Transaction ID : 10399845
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Urband, Lindsey, , , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8008 Frost St Ste 403
 City San Diego State CA Zip Code 92123-4209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hand Center of San Antonio Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 03 / 2019
Transaction ID : 10399849
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Blotter, Robert, H, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1414 W Fair Ave Ste 190
 City Marquette State MI Zip Code 49855-2693
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Center of Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 04 / 2019
Transaction ID : 10399850
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 434.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 352 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Engstrom, Stephen, , , MD | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2019 | | |
| Mailing Address 1215 21st Avenue South Suite 4200 | | | Transaction ID : 10399852 | | |
| City Nashville | State TN | Zip Code 37232-8774 | Amount of Each Receipt this Period 84.00 | | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item | | |
| Name of Employer (for Individual) Vanderbilt Univ-Vanderbilt Ortho Inst | | Occupation (for Individual) Orthopaedic Surgeon | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 840.00 | | | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ritchie, William, L, , IV, MD, FA | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2019 | | |
| Mailing Address 201 Cedar SE Ste 6600 | | | Transaction ID : 10399854 | | |
| City Albuquerque | State NM | Zip Code 87106-5411 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item | | |
| Name of Employer (for Individual) Self Employed | | Occupation (for Individual) Orthopaedic Surgeon | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 750.00 | | | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sheehan, John, P, , MD, FAAOS | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2019 | | |
| Mailing Address 6621 Cuming St | | | Transaction ID : 10399857 | | |
| City Omaha | State NE | Zip Code 68132-1121 | Amount of Each Receipt this Period 84.00 | | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item | | |
| Name of Employer (for Individual) Boys Town | | Occupation (for Individual) Orthopaedic Surgeon | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ 1008.00 | | | |

| | |
|---|--------|
| 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 353 OF 495 |
| | <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. Keeney, James, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1106 Shallow Ridge Circle
 City Columbia State MO Zip Code 65201-2930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Missouri Orthopaedic Instit Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 06 / 2019
Transaction ID : 10399858
 Amount of Each Receipt this Period 250.00
 Memo Item

B. DiCaprio, Matthew, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2028 Dobie Lane
 City Schenectady State NY Zip Code 12303-6013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Capital Region Orthopaedics Bone & Joi Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2020.00

Date of Receipt 12 / 09 / 2019
Transaction ID : 10399862
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Migliori, Sidney, Premer, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Chief Botelho Ct
 City East Greenwich State RI Zip Code 02818-1251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortho Rhode Island Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 12 / 09 / 2019
Transaction ID : 10399863
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 354 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Harrison, Alicia, Karin, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1942 Humboldt Ave S

| | | |
|---------------------|-------------|------------------------|
| City Minneapolis | State MN | Zip Code 55403-2815 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Univ of Minnesota | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 09 | | 2019 |

Transaction ID : 10399865

Amount of Each Receipt this Period
84.00

Memo Item

B. Cannada, Lisa, K, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14357 Cottage Lake Road

| | | |
|----------------------|-------------|------------------------|
| City Jacksonville | State FL | Zip Code 32224-0849 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Univ of Florida College of Medicine | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 09 | | 2019 |

Transaction ID : 10399866

Amount of Each Receipt this Period
84.00

Memo Item

C. Shrock, Kevin, B, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1414 SE 3rd Ave

| | | |
|-------------------------|-------------|------------------------|
| City Fort Lauderdale | State FL | Zip Code 33316-1910 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 09 | | 2019 |

Transaction ID : 10399867

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 418.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 355 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Young, Melissa, , , JD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9400 W Higgins Rd
Ste 500

| | | |
|------------------|-------------|------------------------|
| City Rosemont | State IL | Zip Code 60018-4975 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) American Academy of Ortho Surgeons | Occupation (for Individual) General Counsel |
|---|--|

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 |
| 12 | | 09 | | 2019 |

Transaction ID : 10399868

Amount of Each Receipt this Period
100.00

Memo Item

B. Deutsch, Allen, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4018 Falkirk Lane

| | | |
|-----------------|-------------|------------------------|
| City Houston | State TX | Zip Code 77025-2908 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 09 | | 2019 |

Transaction ID : 10399869

Amount of Each Receipt this Period
1000.00

Memo Item

C. Meis, Ryan, C, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 466 Firethorn Trail

| | | |
|----------------------|-------------|------------------------|
| City Dakota Dunes | State SD | Zip Code 57049-5237 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) CNOS | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 09 | | 2019 |

Transaction ID : 10399870

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| 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 356 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Davis, Daniel, Edward, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Brookside Rd
 City Wallingford State PA Zip Code 19086-6208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Thomas Jefferson Univ Hosp Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 11 / 2019
Transaction ID : 10399880
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Cimino, William, Gerard, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1830 Merwins Ln
 City Fairfield State CT Zip Code 06824-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 12 / 12 / 2019
Transaction ID : 10399882
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Wingate, Matthew, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 S Moss Stone Ave
 City Sioux Falls State SD Zip Code 57110-6810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marshall Univ J C Edwards School of Me Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 12 / 2019
Transaction ID : 10399884
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1334.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 357 OF 495 |
| | <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. Parsley, Brian, S, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5420 West Loop South
Suite 2400

City Belleaire State TX Zip Code 77401-2118

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UT Health Physicians Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 838.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2019

Transaction ID : 10399892

Amount of Each Receipt this Period
 84.00

Memo Item

B. Damalas, Dino, , , MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9400 W Higgins Rd

City Rosemont State IL Zip Code 60018-4975

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2019

Transaction ID : 10399894

Amount of Each Receipt this Period
 84.00

Memo Item

C. Pula, David, A, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Evergreen Trail

City Orchard Park State NY Zip Code 14127-5102

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Excelsior Orthopaedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2019

Transaction ID : 10399923

Amount of Each Receipt this Period
 250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 418.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 358 OF 495 |
| | <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. Russell, George, V, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Hawthorne Vale
 City Ridgeland State MS Zip Code 39157-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Mississippi Med Ctr Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 985.00

Date of Receipt 12 / 17 / 2019
Transaction ID : 10400216
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Mariorenzi, Louis, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 Bay View Drive
 City Jamestown State RI Zip Code 02835-1508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthopedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 17 / 2019
Transaction ID : 10400217
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Sanders, Steven, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9124 Eagle Hills Dr
 City Las Vegas State NV Zip Code 89134-6116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 17 / 2019
Transaction ID : 10400219
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1590.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 359 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Maki, Neil, J, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 602 N Acadia Road
Suite 101

City Thibodaux State LA Zip Code 70301-2627

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 17 / 2019

Transaction ID : 10400220

Amount of Each Receipt this Period 500.00

Memo Item

B. Rivero, Dennis, P, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8177 S Harvard St #533

City Tulsa State OK Zip Code 74137-1612

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Muskogee Surgical Associates Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 17 / 2019

Transaction ID : 10400222

Amount of Each Receipt this Period 250.00

Memo Item

C. Olsewski, John, M, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 Rivers Edge Drive #407

City Tarrytown State NY Zip Code 10591-7514

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 13 / 2019

Transaction ID : 10400234

Amount of Each Receipt this Period 1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 360 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Lindgren, David, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8001 Cheshire Ln N
 City Maple Grove State MN Zip Code 55311-2211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2019
Transaction ID : 10400235
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Jana, Ajoy, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17259 Valley Drive
 City Omaha State NE Zip Code 68130-2270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Methodist Physicians Clinic Orthopedic Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2019
Transaction ID : 10400246
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Knowlan, Robert, V, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2266 Morgan Ave N
 City West Lakeland State MN Zip Code 55082-1775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Croix Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2019
Transaction ID : 10400247
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 361 OF 495 |
| <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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Shah, Roshan, P, , MD, JD, FA | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2019 |
| Mailing Address 610 West 110th Street Apt 3E | | | Transaction ID : 10400762 |
| City New York | State NY | Zip Code 10025-2105 | Amount of Each Receipt this Period 84.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) Columbia University Medical Center | | Occupation (for Individual) Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1008.00 | |

| | | | |
|---|-------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tyndall, William, A, , MD, FAAOS | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2019 |
| Mailing Address 123 Brittany Ln | | | Transaction ID : 10400763 |
| City Hollidaysburg | State PA | Zip Code 16648-9269 | Amount of Each Receipt this Period 84.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) University Orthopedics | | Occupation (for Individual) Orthopaedic Surgeon | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 672.00 | |

| | | | |
|---|-------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Arend, Thomas, E, , Jr | | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2019 |
| Mailing Address 9400 W Higgins Rd | | | Transaction ID : 10400764 |
| City Rosemont | State IL | Zip Code 60018-4974 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item |
| Name of Employer (for Individual) AAOS | | Occupation (for Individual) Chief Executive Officer | |
| 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)..... | 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 362 OF 495 |
| <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. Schmitz, Matthew, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Ottawa Run
 City Shavano Park State TX Zip Code 78231-1457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Antonio Military Medical Center Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2019
Transaction ID : 10400765
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Mitros, Stephen, F, , MD, FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51045 Erin Glen Dr
 City Granger State IN Zip Code 46530-9089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mitros Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 940.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2019
Transaction ID : 10400766
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Cooper, Scott, Snow, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 NW A St
 City Bentonville State AR Zip Code 72712-5216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Clinic Orthopedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 860.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2019
Transaction ID : 10400767
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 363 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Koonce, Ryan, Christopher, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9486 S Shadow Hill Cir
 City Lone Tree State CO Zip Code 80124-5483
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 19 / 2019
Transaction ID : 10400813
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Rajan, Sivaram, , , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Essex St Ste 101
 City Hackensack State NJ Zip Code 07601-3244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 19 / 2019
Transaction ID : 10400814
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. O'Connor, Mary, Irene, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 659 George Street Selina Lewis Building 4th floor
 City New Haven State CT Zip Code 06511-5324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Yale New Haven Health Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 19 / 2019
Transaction ID : 10400858
 Amount of Each Receipt this Period 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 364 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Parisi, Thomas, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2036 N Prospect Ave
 1401
 City Milwaukee State WI Zip Code 53202-1260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Colorado Joint Replacement Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2019
Transaction ID : 10401043
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Bates, Michael, Devon, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3916 Suffolk Pl
 City Charlotte State NC Zip Code 28211-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2019
Transaction ID : 10401136
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Drinkwater, Christopher, John, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 85 Barrington St
 City Rochester State NY Zip Code 14607-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2019
Transaction ID : 10401158
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 365 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Johnson, Michael, Wynn, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 Wanderwood Way

| | | |
|---------------|-------------|------------------------|
| City Sandy | State UT | Zip Code 84092-4854 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 19 | | 2019 |

Transaction ID : 10401165

Amount of Each Receipt this Period
500.00

Memo Item

B. Barzideh, Omid, S, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Valley road

| | | |
|----------------------|-------------|------------------------|
| City Old Westbury | State NY | Zip Code 11568-1016 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Winthrop Orthopaedic Associates | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 19 | | 2019 |

Transaction ID : 10401193

Amount of Each Receipt this Period
500.00

Memo Item

C. Shen, Wen, , , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 Pond Hills Ct

| | | |
|-------------------------|-------------|------------------------|
| City Pleasant Valley | State NY | Zip Code 12569-5135 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Orthopedic Associates of Dutchess Coun | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 20 | | 2019 |

Transaction ID : 10401205

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1250.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 366 OF 495 |
| <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. Brown, Barrett, Shytle, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Fondren Orthopedic Group
 7401 Main St
 City Houston State TX Zip Code 77030-4509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 20 / 2019
Transaction ID : 10401207
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Olson, Craig, L, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 Eagle Ridge Court
 City Manitowoc State WI Zip Code 54220-8625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 20 / 2019
Transaction ID : 10401208
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Gombera, Mufaddal, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 Hunters Trail
 City Houston State TX Zip Code 77024-6949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Orthopedic Hospital Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 20 / 2019
Transaction ID : 10401210
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 418.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 367 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Spero, Lane, D, , MD, FAAOS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 Hoffmann road

| | | |
|----------------|-------------|------------------------|
| City Canton | State CT | Zip Code 06019-2123 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 20 | | 2019 |

Transaction ID : 10401211

Amount of Each Receipt this Period
100.00

Memo Item

B. Shah, Alpesh, D, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Fig Dr

| | | |
|-------------------|-------------|------------------------|
| City Dix Hills | State NY | Zip Code 11746-5657 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 20 | | 2019 |

Transaction ID : 10402195

Amount of Each Receipt this Period
250.00

Memo Item

C. Katz, Danielle, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5122 Reis Circle

| | | |
|----------------------|-------------|------------------------|
| City Fayetteville | State NY | Zip Code 13066-9305 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Sunny Upstate | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 20 | | 2019 |

Transaction ID : 10402196

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1350.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 368 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Yorgason, Michael, Ren, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4714 South Woodhaven Way
 City Billings State MT Zip Code 59106-2494
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 12 / 20 / 2019
Transaction ID : 10402198
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Shenton, David, W, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3134 Sycamore Lane
 City Billings State MT Zip Code 59102-0524
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Ortho Montana Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 12 / 20 / 2019
Transaction ID : 10402199
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Hansen, Heather, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Osprey Falls Circle
 City Billings State MT Zip Code 59106-8588
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 12 / 20 / 2019
Transaction ID : 10402200
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 369 OF 495 |
| | <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. Dacre, Alan, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 Country Acres Road
 City Riverton State WY Zip Code 82501-8933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ortho Montana Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 20 / 2019
Transaction ID : 10402201
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Elliott, James, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3616 Timberline Dr
 City Billings State MT Zip Code 59102-0369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 20 / 2019
Transaction ID : 10402202
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Klepps, Steve, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1466 Shade Tree Cir
 City Billings State MT Zip Code 59102-7964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montana Ortho & Sports Med Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 20 / 2019
Transaction ID : 10402203
 Amount of Each Receipt this Period 1000.00
 Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 370 OF 495 |
| <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. McDowell, Gregory, S, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2900 12th Ave N Ste 140W

| | | |
|------------------|-------------|------------------------|
| City Billings | State MT | Zip Code 59101-7503 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Ortho Montana | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 20 | | 2019 |

Transaction ID : 10402204

Amount of Each Receipt this Period
1000.00

Memo Item

B. Roccisano, Anthony, W, , DO,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2704 Gregory Dr S

| | | |
|------------------|-------------|------------------------|
| City Billings | State MT | Zip Code 59102-0510 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Ortho Montana | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 20 | | 2019 |

Transaction ID : 10402206

Amount of Each Receipt this Period
1000.00

Memo Item

C. Sukin, Dean, C, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Yellowstone Medical Center
2900 12th Ave N Ste 100E

| | | |
|------------------|-------------|------------------------|
| City Billings | State MT | Zip Code 59101-7504 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Ortho Montana | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 20 | | 2019 |

Transaction ID : 10402207

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 371 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Chapman, Cary, B, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1534 Victory Blvd
Ste 1

City Staten Island State NY Zip Code 10314-3530

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1008.00

Date of Receipt **12 / 21 / 2019**

Transaction ID : 10402686

Amount of Each Receipt this Period 84.00

Memo Item

B. Stoeckl, Andrew, , , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Fairlawn Dr

City Amherst State NY Zip Code 14226-3422

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Excelsior Orthopedics Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 996.00

Date of Receipt **12 / 21 / 2019**

Transaction ID : 10402687

Amount of Each Receipt this Period 83.00

Memo Item

c. Sherbondy, Paul, Strawn, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 507 Beaumont Drive

City State College State PA Zip Code 16801-8311

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1008.00

Date of Receipt **12 / 22 / 2019**

Transaction ID : 10402692

Amount of Each Receipt this Period 84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 251.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 372 OF 495 |
| <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. Mansfield, David, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 773 Azalea Pl
 City El Paso State TX Zip Code 79922-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1258.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2019
Transaction ID : 10402693
 Amount of Each Receipt this Period 84.00
 Memo Item

B. Veitch, Andrew, John, , MD,FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13416 Desert Zinnia Ct NE
 City Albuquerque State NM Zip Code 87111-7154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2019
Transaction ID : 10402695
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Hire, Justin, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Newton Court
 City Fort Leonard Wood State MO Zip Code 65473-1308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2019
Transaction ID : 10402696
 Amount of Each Receipt this Period 42.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 210.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 373 OF 495 |
| | <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. Styron, Joseph, F, , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14244 Calderdale Ln
 City Strongsville State OH Zip Code 44136-6713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2019
Transaction ID : 10402697
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Olcott, Christopher, W, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Dairy Glen Rd
 City Chapel Hill State NC Zip Code 27516-4349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2019
Transaction ID : 10402699
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Noordsij, Peter, G, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1909
 City New London State NH Zip Code 03257-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2019
Transaction ID : 10402701
 Amount of Each Receipt this Period
 500.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1250.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 374 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Navarro, Ronald, Anthony, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 Wide Loop Rd

| | | |
|-----------------------|-------------|------------------------|
| City Rolling Hills | State CA | Zip Code 90274-5234 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Kaiser Permanente South Bay | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 23 | | 2019 |

Transaction ID : 10402702

Amount of Each Receipt this Period
84.00

Memo Item

B. More, Robert, Cameron, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8100 Wescott Drive Suite 101

| | | |
|--------------------|-------------|------------------------|
| City Flemington | State NJ | Zip Code 08822-4671 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Hunterdon Orthopaedic Institute | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 23 | | 2019 |

Transaction ID : 10402703

Amount of Each Receipt this Period
84.00

Memo Item

C. Moon, Daniel, K, , MD, MBA, F

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5997 Beeler St

| | | |
|----------------|-------------|------------------------|
| City Denver | State CO | Zip Code 80238-3994 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Washington University | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 23 | | 2019 |

Transaction ID : 10402704

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 418.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 375 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bergmann, Karl, Andrew, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address CHI Health CUMC Bergan Mercy
7710 Mercy Road, Suite 2000

City Omaha State NE Zip Code 68124-2323

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Alegent Creighton Clinics Creighton Un Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 23 / 2019
Transaction ID : 10403448

Amount of Each Receipt this Period
250.00

Memo Item

B. Hartsock, Langdon, A, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 188 Tradd Street

City Charleston State SC Zip Code 29401-1818

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Med Univ of SC Orthopaedic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1008.00

Date of Receipt
12 / 24 / 2019
Transaction ID : 10403782

Amount of Each Receipt this Period
84.00

Memo Item

c. Malone, Stephen, L, , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 923 Westover Rd

City Wilmington State DE Zip Code 19807-2980

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
The Orthopaedic Spine Ctr PA Orthopaedic Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
12 / 24 / 2019
Transaction ID : 10403783

Amount of Each Receipt this Period
100.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 434.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 376 OF 495 |
| | <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. Monson, David, K, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1491 LaChona Court NE
 City Atlanta State GA Zip Code 30329-3481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1008.00

Date of Receipt 12 / 24 / 2019
Transaction ID : 10403784
 Amount of Each Receipt this Period 84.00
 Memo Item

B. McCulloch, Patrick, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 Buckingham Drive
 City Venetia State PA Zip Code 15367-2383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Ortho & Rehab Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1008.00

Date of Receipt 12 / 25 / 2019
Transaction ID : 10405776
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Swenning, Todd, Allen, , MD,FACS,FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41970 Rancho Manana Lane
 City Rancho Mirage State CA Zip Code 92270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Institute of Clinical Orthopedics & Ne Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 833.30

Date of Receipt 12 / 25 / 2019
Transaction ID : 10405777
 Amount of Each Receipt this Period 83.33
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 251.33 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 377 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bruneau, Pierre, Andre, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Tanglewood Rd

| | | |
|-----------------------|-------------|------------------------|
| City Pleasantville | State NY | Zip Code 10570-2527 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 25 | | 2019 |

Transaction ID : 10405778

Amount of Each Receipt this Period
250.00

Memo Item

B. Abrutyn, David, A, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 Pitney Court

| | | |
|-----------------------|-------------|------------------------|
| City Basking Ridge | State NJ | Zip Code 07920-2150 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 25 | | 2019 |

Transaction ID : 10405779

Amount of Each Receipt this Period
250.00

Memo Item

C. Beltran, Michael, John, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address UC Dept of Orthopaedic Surgery
231 Albert Sabin Way Room 5553

| | | |
|--------------------|-------------|------------------------|
| City Cincinnati | State OH | Zip Code 45267-0212 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Department of Orthopaedics and Rehabil | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
588.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 26 | | 2019 |

Transaction ID : 10407075

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 584.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 378 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Stanton, Robert, A, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 Black Rock Turnpike

| | | |
|-------------------|-------------|------------------------|
| City Fairfield | State CT | Zip Code 06825-5508 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Orthopaedic Specialty Group | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 26 | / | 2019 |

Transaction ID : 10407847

Amount of Each Receipt this Period
250.00

Memo Item

B. Sarwahi, Vishal, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 650 West 42nd St
Apt 3912

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10036-4391 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Cohen Children's Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 27 | / | 2019 |

Transaction ID : 10407962

Amount of Each Receipt this Period
84.00

Memo Item

C. Giammattei, Frank, P, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Woodbrook Rd

| | | |
|--------------------|-------------|------------------------|
| City Swarthmore | State PA | Zip Code 19081-1234 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Premier Orthopaedic Associates | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 28 | / | 2019 |

Transaction ID : 10408897

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 418.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 379 OF 495 |
| | <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. Gary, Joshua, Layne, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3726 Tangley Rd

| | | |
|-----------------|-------------|------------------------|
| City Houston | State TX | Zip Code 77005-2032 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2019

Transaction ID : 10408898

Amount of Each Receipt this Period
84.00

Memo Item

B. Easley, Mark, E, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Duke Medicine
4709 Creekstone Drive

| | | |
|----------------|-------------|------------------------|
| City Durham | State NC | Zip Code 27703-9822 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Duke Medicine | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2019

Transaction ID : 10408899

Amount of Each Receipt this Period
84.00

Memo Item

c. Carolan, Gregory, Francis, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1806 Meadow Ridge Ct

| | | |
|-------------------|-------------|------------------------|
| City Bethlehem | State PA | Zip Code 18015-5003 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) St Luke's Ortho Surg Group | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2019

Transaction ID : 10408900

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 252.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 380 OF 495 |
| <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. Torres, Daniel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1488 Shelburne Ct
 City Allentown State PA Zip Code 18104-1949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Med Branch Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 28 / 2019
Transaction ID : 10408901
 Amount of Each Receipt this Period 85.00
 Memo Item

B. Razi, Afshin, , , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Dogwood Rd
 City Great Neck State NY Zip Code 11024-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 28 / 2019
Transaction ID : 10408902
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Chandler, David, R, , MD,FAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 165 Middle Plantation Ln
 City Gulf Breeze State FL Zip Code 32561-4899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1092.00

Date of Receipt 12 / 28 / 2019
Transaction ID : 10408903
 Amount of Each Receipt this Period 84.00
 Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 419.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 381 OF 495 |
| | <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. Allard, Mark, Michael, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3010 Cortney Circle
 City Siloam Springs State AR Zip Code 72761-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2019
Transaction ID : 10408904
 Amount of Each Receipt this Period
 84.00
 Memo Item

B. Porter, Scott, Edward, , MD, MBA, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1420 Jonesville Road
 City Simpsonville State SC Zip Code 29681-4411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2019
Transaction ID : 10408906
 Amount of Each Receipt this Period
 84.00
 Memo Item

C. Patel, Milan, M, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3836 Sidestreet
 City Atlanta State GA Zip Code 30341-1773
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Resurgens Orthopaedics Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10409840
 Amount of Each Receipt this Period
 1000.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1168.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 382 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Lee, Gregory, Price, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 226 Albermarle Pl
 City Macon State GA Zip Code 31204-1308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoGeorgia Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 10410126
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Culp, Brian, Matthew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 Barclay Blvd
 City Princeton State NJ Zip Code 08540-5891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Princeton Orthopaedic Associates Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 18 / 2019
Transaction ID : 10413966
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Choi, Daniel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 3RD Ave Apt 824
 City Mineola State NY Zip Code 11501-4347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Long Island Spine Specialists, PC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 19 / 2019
Transaction ID : 10413970
 Amount of Each Receipt this Period 250.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 383 OF 495 |
| | <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. Bercik, Michael, J, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 Center Road
 City Lancaster State PA Zip Code 17603-4730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 12 / 20 / 2019
Transaction ID : 10413971
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Snyder, Matthew, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14912 Chopine Pass
 City Roanoke State IN Zip Code 46783-9308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Orthopedic Hospital of Lutheran He Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1185.00

Date of Receipt 12 / 20 / 2019
Transaction ID : 10413972
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Glusenkamp, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9400 W Higgins Rd
 City Rosemont State IL Zip Code 60018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AAOS Occupation (for Individual) Chief Quality and Registries Officer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 12 / 23 / 2019
Transaction ID : 10413979
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 350.00
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 384 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Besh, Basil, R, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6135 Clubhouse Dr

| | | |
|--------------------|-------------|------------------------|
| City Pleasanton | State CA | Zip Code 94566-9864 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) FORM Hand, Wrist & Elbow Institute | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 23 | | 2019 |

Transaction ID : 10413980

Amount of Each Receipt this Period
84.00

Memo Item

B. Smith, Matthew, J, , MD,FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7655 S Oradell Ct

| | | |
|------------------|-------------|------------------------|
| City Columbia | State MO | Zip Code 65203-8016 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Univ of MO Hospitals | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 24 | | 2019 |

Transaction ID : 10413982

Amount of Each Receipt this Period
250.00

Memo Item

C. Giuseffi, Steven, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4784 Enchanted Pines Dr

| | | |
|--------------------|-------------|------------------------|
| City Rapid City | State SD | Zip Code 57701-9251 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Black Hills Orthopedic and Spine Cente | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
418.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 26 | | 2019 |

Transaction ID : 10413984

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 418.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 385 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Reynen, Matthew, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 16th Ave NW
 City Aberdeen State SD Zip Code 57401-7907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Avera Heart Hospital of South Dakota 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
 12 / 27 / 2019
Transaction ID : 10413987
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Prather, John, T, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4425 Paulsen Street
 City Savannah State GA Zip Code 31405-3662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2019
Transaction ID : 10413988
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Waddell, Bradford, Sutton, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 Weaver St Apt 3H
 City Greenwich State CT Zip Code 06831-4260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Ochsner Clinic Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2019
Transaction ID : 10413989
 Amount of Each Receipt this Period
 84.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1334.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 386 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Lopez, David, Vincent, , MD,FAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 Courtney Ct

| | | |
|------------------|-------------|------------------------|
| City Freehold | State NJ | Zip Code 07728-9564 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Orthopaedic & Sports Medicine Speciali | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 30 | | 2019 |

Transaction ID : 10413990

Amount of Each Receipt this Period
84.00

Memo Item

B. Dulske, Michael, G, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 Burney Drive

| | | |
|-----------------|-------------|------------------------|
| City Flowood | State MS | Zip Code 39232-6621 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Capital Ortho | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 30 | | 2019 |

Transaction ID : 10413991

Amount of Each Receipt this Period
100.00

Memo Item

c. Dalury, David, F, , MD,FAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8322 Bellona Ave
Ste 200

| | | |
|-------------------|-------------|------------------------|
| City Baltimore | State MD | Zip Code 21204-2076 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Towson Orthopaedic Associates | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 31 | | 2019 |

Transaction ID : 10414012

Amount of Each Receipt this Period
1000.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1184.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 387 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Adler, Michael, J, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 E Twin Oaks Rd

| | | |
|---------------------|-------------|------------------------|
| City Sioux Falls | State SD | Zip Code 57105-6919 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Sioux Falls Specialty Hospital | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 23 | | 2019 |

Transaction ID : 10414015

Amount of Each Receipt this Period
1000.00

Memo Item

B. Jiranek, William, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4066 Old River Trail

| | | |
|------------------|-------------|------------------------|
| City Powhatan | State VA | Zip Code 23139-4111 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Duke University | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 23 | | 2019 |

Transaction ID : 10414017

Amount of Each Receipt this Period
84.00

Memo Item

C. Iorio, Richard, , , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 Prince St

| | | |
|-----------------|-------------|------------------------|
| City Beverly | State MA | Zip Code 01915-2007 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) NYU Langone Medical Center | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1008.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 30 | | 2019 |

Transaction ID : 10414018

Amount of Each Receipt this Period
84.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1168.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 388 OF 495 |
| | <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. Brindley, George, W, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4608 7th Street

| | | |
|-----------------|-------------|------------------------|
| City Lubbock | State TX | Zip Code 79416-4715 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) TX Tech Univ Hlth Sci Ctr | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2019 |

Transaction ID : 10418258

Amount of Each Receipt this Period
1000.00

Memo Item

B. Featheringill, John, P K, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2250 Highland Ave S Apt 7

| | | |
|--------------------|-------------|------------------------|
| City Birmingham | State AL | Zip Code 35205-2925 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) Ortho Sport Associates | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2019 |

Transaction ID : 10418259

Amount of Each Receipt this Period
250.00

Memo Item

c. Chihlas, Christopher, N, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 230 River Farm Drive

| | | |
|------------------------|-------------|------------------------|
| City East Greenwich | State RI | Zip Code 02818-2198 |
|------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Southcoast Physicians Group | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2019 |

Transaction ID : 10418261

Amount of Each Receipt this Period
250.00

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 389 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Wright, Thomas, W, , Jr, MD,FAA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3450 Hull Road
 3rd Floor, Room 3341
 City Gainesville State FL Zip Code 32607-4144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Florida Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10418263
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Wroblewski, Alfred, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 02840 Reycraft Rd
 City Boyne City State MI Zip Code 49712-9251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10418266
 Amount of Each Receipt this Period
 250.00
 Memo Item

c. Maddalon, Robert, John, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 903 Mariner Way
 City Tampa State FL Zip Code 33602-5759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orthocare Florida Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10418267
 Amount of Each Receipt this Period
 250.00
 Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1500.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 390 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Hayden, Shawn, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5124 Marble Falls Ln

| | | |
|---------------|-------------|------------------------|
| City Plano | State TX | Zip Code 75093-7545 |
|---------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 31 | | 2019 |

Transaction ID : 10418268

Amount of Each Receipt this Period
1500.00

Memo Item

B. Rodriguez-del Rio, Felix, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Calle Mimosa

| | | |
|------------------|-------------|------------------------|
| City San Juan | State PR | Zip Code 00927-6702 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) Self Employed | Occupation (for Individual) Orthopaedic Surgeon |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 31 | | 2019 |

Transaction ID : 10418301

Amount of Each Receipt this Period
300.00

Memo Item

C. Mathers, Michael, Jonathan, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 486 Kingswood Ln NW

| | | |
|-----------------|-------------|------------------------|
| City Atlanta | State GA | Zip Code 30305-2802 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) OrthoAtlanta LLC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 31 | | 2019 |

Transaction ID : 10418302

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|---|---------|
| 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 391 OF 495 |
| | <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. Brcka, David, A, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 272 Greenwood Lane

| | | |
|------------------------|-------------|------------------------|
| City Peachtree City | State GA | Zip Code 30269-4238 |
|------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) OrthoAtlanta LLC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019

Transaction ID : 10418303

Amount of Each Receipt this Period
300.00

Memo Item

B. Jaffe, Matthew, Ben, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 North Devereaux Court

| | | |
|-----------------|-------------|------------------------|
| City Atlanta | State GA | Zip Code 30327-4225 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) OrthoAtlanta LLC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019

Transaction ID : 10418304

Amount of Each Receipt this Period
300.00

Memo Item

C. Jordan, Susan, Stewart, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 810 W Wesley Rd NW

| | | |
|-----------------|-------------|------------------------|
| City Atlanta | State GA | Zip Code 30327-1308 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) OrthoAtlanta LLC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019

Transaction ID : 10418305

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|--|--------|
| 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 392 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Symbas, Peter, J, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5360 Mt Vernon Pkwy
 City Atlanta State GA Zip Code 30327-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta, LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10418306
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Scott, Yolanda, C, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Circle 75 Pkwy Suite 700
 City Atlanta State GA Zip Code 30339-3084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta, LLC Occupation (for Individual) Physician
 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
 12 / 31 / 2019
Transaction ID : 10418312
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Yirenyki, Henaku, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 Eagles Landing Parkway
 City Stockbridge State GA Zip Code 30281-5170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10418317
 Amount of Each Receipt this Period
 300.00
 Memo Item

| | |
|--|--------|
| 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 393 OF 495 |
| <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. Smith, Jeffrey, Percy, , Jr, MD, FA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7030 Laurel Oak Dr
 City Suwanee State GA Zip Code 30024-5339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10418318
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Lee, Yong, S, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Circle 75 Parkway Ste 1700
 City Atlanta State GA Zip Code 30339-3087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10418319
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Fowler, Donald, Edward, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2786 Loftview Square
 City Atlanta State GA Zip Code 30339-4926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10418320
 Amount of Each Receipt this Period
 300.00
 Memo Item

| | |
|---|--------|
| 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 394 OF 495 |
| | <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. Kasow, Douglas, , DO, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3510 Knollwood Drive, NW

| | | |
|-----------------|-------------|------------------------|
| City Atlanta | State GA | Zip Code 30305-1022 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) OrthoAtlanta LLC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019

Transaction ID : 10418321

Amount of Each Receipt this Period
300.00

Memo Item

B. Park, Kevin, U, , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 140 Briar Meadow Court

| | | |
|----------------------|-------------|------------------------|
| City Fayetteville | State GA | Zip Code 30215-5676 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) OrthoAtlanta LLC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019

Transaction ID : 10418322

Amount of Each Receipt this Period
300.00

Memo Item

C. Ghattas, Timothy, Noshi, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1240 Eagles Landing Pkwy Ste 300

| | | |
|---------------------|-------------|------------------------|
| City Stockbridge | State GA | Zip Code 30281-5173 |
|---------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) OrthoAtlanta LLC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019

Transaction ID : 10418323

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|---|--------|
| 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 395 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Belagaje, Sudhir, R, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 955 Ovalene Lane SW
 City Marietta State GA Zip Code 30064-7540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10418324
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Osuji, Obi, U, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6300 Hospital Parkway Suite 400
 City Duluth State GA Zip Code 30097-1983
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta, LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10418327
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Wimbush, Tracy, E, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Circle 75 Parkway Ste 1700
 City Atlanta State GA Zip Code 30339-3087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Physician
 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
 12 / 31 / 2019
Transaction ID : 10418328
 Amount of Each Receipt this Period
 300.00
 Memo Item

| | |
|---|--------|
| 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 396 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bui, Tuan, L, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2221 Sever Rd

| | | |
|-----------------------|-------------|------------------------|
| City Lawrenceville | State GA | Zip Code 30043-4028 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) OrthoAtlanta LLC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 31 | | 2019 |

Transaction ID : 10418329

Amount of Each Receipt this Period
300.00

Memo Item

B. Morgan, Brian, Edward, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5960 Wigwam Way

| | | |
|--------------------|-------------|------------------------|
| City Flowery Br | State GA | Zip Code 30542-3159 |
|--------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) OrthoAtlanta LLC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 31 | | 2019 |

Transaction ID : 10418330

Amount of Each Receipt this Period
300.00

Memo Item

C. Duffield, Mark, , , DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1668 Mulkey Rd Ste A

| | | |
|-----------------|-------------|------------------------|
| City Austell | State GA | Zip Code 30106-1163 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) OrthoAtlanta LLC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 31 | | 2019 |

Transaction ID : 10418331

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|--|--------|
| 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 397 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Johnston, Richard, B, , III, MD, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4575 Bryn Mawr Circle NW
 City Atlanta State GA Zip Code 30327-3519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 10418332
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Dalal, Snehal, Chinu, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1391 Harris Rd
 City Lawrenceville State GA Zip Code 30043-3910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 10418333
 Amount of Each Receipt this Period 300.00
 Memo Item

c. Orcutt, Daniel, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2670 Emerald Dr
 City Jonesboro State GA Zip Code 30236-5232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 31 / 2019
Transaction ID : 10418334
 Amount of Each Receipt this Period 300.00
 Memo Item

| | |
|---|--------|
| 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 398 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Francke, Eric, I, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1418 Oakridge View Dr

| | | |
|------------------|-------------|------------------------|
| City Mableton | State GA | Zip Code 30126-7605 |
|------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) OrthoAtlanta LLC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 31 | | 2019 |

Transaction ID : 10418335

Amount of Each Receipt this Period
300.00

Memo Item

B. Schmidt, Todd, A, , MD, FAAOS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2865 Lake Park Drive

| | | |
|-------------------|-------------|------------------------|
| City Jonesboro | State GA | Zip Code 30236-4133 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) OrthoAtlanta | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 31 | | 2019 |

Transaction ID : 10418336

Amount of Each Receipt this Period
300.00

Memo Item

C. Davis, Alan, D, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 Laylor Court

| | | |
|-----------------------|-------------|------------------------|
| City Peachtree Cty | State GA | Zip Code 30269-1876 |
|-----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) OrthoAtlanta LLC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 31 | | 2019 |

Transaction ID : 10418338

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|---|--------|
| 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 399 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Jones, Virginia, Mooney, , MD, FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1265 Highway 54 West Ste 102

| | | |
|----------------------|-------------|------------------------|
| City Fayetteville | State GA | Zip Code 30214-4537 |
|----------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) OrthoAtlanta LLC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2019 |

Transaction ID : 10418339

Amount of Each Receipt this Period
300.00

Memo Item

B. Cox, Deitrick, L, , MD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 Circl 75 Pkwy Suite 700

| | | |
|-----------------|-------------|------------------------|
| City Atlanta | State GA | Zip Code 30339-3084 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) OrthoAtlanta, LLC | Occupation (for Individual) Physician |
|--|--|

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 |
| 12 | / | 31 | / | 2019 |

Transaction ID : 10418340

Amount of Each Receipt this Period
300.00

Memo Item

C. Wilkes, Joseph, Sheppard, , MD,FAAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2950 Mt Wilkinson Pkwy Unit 302

| | | |
|-----------------|-------------|------------------------|
| City Atlanta | State GA | Zip Code 30339-3638 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|---|--|
| Name of Employer (for Individual) OrthoAtlanta LLC | Occupation (for Individual) Orthopaedic Surgeon |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2019 |

Transaction ID : 10418341

Amount of Each Receipt this Period
300.00

Memo Item

| | |
|--|--------|
| 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 400 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Stokes, David, A, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1455 Squire Ln
 City Cumming State GA Zip Code 30041-6746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10418342
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Williams, Sharrona, S, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1404 McPherson Avenue
 City Atlanta State GA Zip Code 30316-1636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10418343
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Lamberson, Keith, Andrew, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2102 Jarrod PI
 City Smyrna State GA Zip Code 30080-5685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10418344
 Amount of Each Receipt this Period
 300.00
 Memo Item

| | |
|--|--------|
| 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 401 OF 495 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Maguire, Richard, R, , MD, FAAOS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2332 Whiting Bay Courts
 City Kennesaw State GA Zip Code 30152-6729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta LLC Occupation (for Individual) Orthopaedic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2019
Transaction ID : 10418345
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. McHenry, Michael, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Circle 75 Parkway Ste 1700
 City Atlanta State GA Zip Code 30339-3087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta, LLC Occupation (for Individual) Physician
 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
 12 / 31 / 2019
Transaction ID : 10418348
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Lichtenfeld, William, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Circle 75 Pkwy Suite 1700
 City Atlanta State GA Zip Code 30339-3087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OrthoAtlanta, LLC Occupation (for Individual) Physician
 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
 12 / 31 / 2019
Transaction ID : 10418349
 Amount of Each Receipt this Period
 300.00
 Memo Item

| | |
|---|-----------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| TOTAL This Period (last page this line number only)..... | 295780.98 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|--|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 402 OF 495 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. American Association of Orthopaedic Surgeons

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9400 W. Higgins

| | | |
|------------------|-------------|-------------------|
| City Rosemont | State IL | Zip Code 60018 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20674.93

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 30 | | 2019 |

Transaction ID : 10272568

Amount of Each Receipt this Period
1741.64

Memo Item

Refund of bank fees from affiliated organization

B. American Association of Orthopaedic Surgeons

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9400 W. Higgins

| | | |
|------------------|-------------|-------------------|
| City Rosemont | State IL | Zip Code 60018 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
21919.81

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 30 | | 2019 |

Transaction ID : 10303835

Amount of Each Receipt this Period
1244.88

Memo Item

Refund of bank fees from affiliated organization

C. American Association of Orthopaedic Surgeons

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9400 W. Higgins

| | | |
|------------------|-------------|-------------------|
| City Rosemont | State IL | Zip Code 60018 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
23212.01

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2019 |

Transaction ID : 10331335

Amount of Each Receipt this Period
1292.20

Memo Item

Refund of bank fees from affiliated organization

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4278.72 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|---|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 403 OF 495 |
| <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 checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. American Association of Orthopaedic Surgeons

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9400 W. Higgins

| | | |
|------------------|-------------|-------------------|
| City Rosemont | State IL | Zip Code 60018 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
24451.93

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 31 | | 2019 |

Transaction ID : 10360746

Amount of Each Receipt this Period
1239.92

Memo Item

Refund of bank fees from affiliated organization

B. American Association of Orthopaedic Surgeons

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9400 W. Higgins

| | | |
|------------------|-------------|-------------------|
| City Rosemont | State IL | Zip Code 60018 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
26086.49

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 29 | | 2019 |

Transaction ID : 10384452

Amount of Each Receipt this Period
1634.56

Memo Item

Refund of bank fees from affiliated organization

C. American Association of Orthopaedic Surgeons

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9400 W. Higgins

| | | |
|------------------|-------------|-------------------|
| City Rosemont | State IL | Zip Code 60018 |
|------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
27523.06

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 30 | | 2019 |

Transaction ID : 10409154

Amount of Each Receipt this Period
1436.57

Memo Item

Refund of bank fees from affiliated organization

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4311.05 |
| TOTAL This Period (last page this line number only)..... | 8589.77 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 404 OF 495 |
| <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 type="checkbox"/> 16 |
| | | | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Northern Trust Company
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 S La Salle St
 City Chicago State IL Zip Code 60603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5199.43

Date of Receipt **07 / 31 / 2019**
Transaction ID : 10272565
 Amount of Each Receipt this Period 5.34
 Memo Item
 Interest earned on bank account

B. Northern Trust Company
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 S La Salle St
 City Chicago State IL Zip Code 60603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5194.09

Date of Receipt **07 / 01 / 2019**
Transaction ID : 10272566
 Amount of Each Receipt this Period 73.21
 Memo Item
 Interest earned on bank account

C. Northern Trust Company
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 S La Salle St
 City Chicago State IL Zip Code 60603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5201.88

Date of Receipt **08 / 31 / 2019**
Transaction ID : 10304540
 Amount of Each Receipt this Period 2.45
 Memo Item
 Interest earned on bank account

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 81.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 405 OF 495 |
| <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 type="checkbox"/> 16 |
| | | | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Northern Trust Company

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 S La Salle St

| | | |
|-----------------|-------------|-------------------|
| City Chicago | State IL | Zip Code 60603 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5202.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2019 |

Transaction ID : 10333368

Amount of Each Receipt this Period
0.22

Memo Item

Interest earned on bank account

B. Northern Trust Company

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 S La Salle St

| | | |
|-----------------|-------------|-------------------|
| City Chicago | State IL | Zip Code 60603 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5202.33

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 31 | | 2019 |

Transaction ID : 10364480

Amount of Each Receipt this Period
0.23

Memo Item

Interest earned on bank account

C. Northern Trust Company

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 S La Salle St

| | | |
|-----------------|-------------|-------------------|
| City Chicago | State IL | Zip Code 60603 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5202.55

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 30 | | 2019 |

Transaction ID : 10384463

Amount of Each Receipt this Period
0.22

Memo Item

Interest earned on bank account

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.67 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 406 OF 495 |
| <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 type="checkbox"/> 16 |
| | | | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Northern Trust Company

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 S La Salle St

| | | |
|-----------------|-------------|-------------------|
| City Chicago | State IL | Zip Code 60603 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5202.58

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2019 |

Transaction ID : 10410513

Amount of Each Receipt this Period
0.03

Memo Item

Interest earned on bank account

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 0.03 |
| TOTAL This Period (last page this line number only).....▶ | 81.70 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 407 OF 495 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. McConnell Senate Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1496

| | | |
|--------------------|-------------|-------------------|
| City Louisville | State KY | Zip Code 40201 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00193342

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2020
 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 | | 30 | | 2019 |

Transaction ID : 10331329

Amount of Each Receipt this Period
1000.00

Memo Item

Refund of contribution

B. McConnell Senate Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1496

| | | |
|--------------------|-------------|-------------------|
| City Louisville | State KY | Zip Code 40201 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00193342

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 19 | | 2019 |

Transaction ID : 10375439

Amount of Each Receipt this Period
1500.00

Memo Item

Refund of contribution

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| TOTAL This Period (last page this line number only)..... | 2500.00 |

**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"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME 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 | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 0 | 3 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10203321

Amount of Each Disbursement this Period

[REDACTED] 292.66

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 0 | 1 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10203322

Amount of Each Disbursement this Period

[REDACTED] 64.98

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 0 | 3 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10203323

Amount of Each Disbursement this Period

[REDACTED] 254.57

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 612.21

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | | | |
| 0 | 7 | | | 1 | 5 | | | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10208184

Amount of Each Disbursement this Period

[REDACTED] 166.55

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | | | |
| 0 | 7 | | | 0 | 8 | | | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10208185

Amount of Each Disbursement this Period

[REDACTED] 125.65

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | | | |
| 0 | 7 | | | 0 | 3 | | | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10208186

Amount of Each Disbursement this Period

[REDACTED] 218.78

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 510.98

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Department of the Treasury-Internal Revenue Service

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 15 | | 2019 |

Mailing Address 1500 Pennsylvania Avenue, NW

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 10208187

Amount of Each Disbursement this Period

| |
|--------|
| 672.37 |
|--------|

Federal income tax on interest income
 Memo Item

City Washington State DC Zip Code 20220

Purpose of Disbursement
Federal income tax on interest income

| |
|-----|
| 001 |
|-----|

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 15 | | 2019 |

Mailing Address 678 Lee St

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 10217620

Amount of Each Disbursement this Period

| |
|--------|
| 134.34 |
|--------|

Bank fees deducted from account
 Memo Item

City Des Plaines State IL Zip Code 60018

Purpose of Disbursement
Bank fees deducted from account

| |
|-----|
| 001 |
|-----|

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 12 | | 2019 |

Mailing Address 678 Lee St

FEC Identification Number

| |
|---|
| C |
|---|

Transaction ID : 10217622

Amount of Each Disbursement this Period

| |
|------|
| 5.50 |
|------|

Bank fees deducted from account
 Memo Item

City Des Plaines State IL Zip Code 60018

Purpose of Disbursement
Bank fees deducted from account

| |
|-----|
| 001 |
|-----|

Category/
Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|--------|
| 812.21 |
|--------|

| |
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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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 1 | 5 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10217623

Amount of Each Disbursement this Period

[REDACTED] 20.63

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 1 | 5 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10217624

Amount of Each Disbursement this Period

[REDACTED] 55.55

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 2 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10269346

Amount of Each Disbursement this Period

[REDACTED] 192.53

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 268.71

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : 10269347

Amount of Each Disbursement this Period

[REDACTED] 209.90

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : 10272567

Amount of Each Disbursement this Period

[REDACTED] 8.66

Bank fees deducted from account

Memo Item

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

MM / DD / YYYY
08 / 05 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : 10274018

Amount of Each Disbursement this Period

[REDACTED] 67.50

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 286.06

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 5 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10285964

Amount of Each Disbursement this Period

[REDACTED] 89.65

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 3 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10285965

Amount of Each Disbursement this Period

[REDACTED] 164.75

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 5 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10285966

Amount of Each Disbursement this Period

[REDACTED] 162.22

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 416.62

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 6 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10285967

Amount of Each Disbursement this Period

[REDACTED] 367.37

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 7 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10301928

Amount of Each Disbursement this Period

[REDACTED] 169.88

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 0 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10301929

Amount of Each Disbursement this Period

[REDACTED] 134.98

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 672.23

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 3 | 0 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10303833

Amount of Each Disbursement this Period

[REDACTED] 79.87

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10309300

Amount of Each Disbursement this Period

[REDACTED] 19.72

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 3 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10309301

Amount of Each Disbursement this Period

[REDACTED] 282.36

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 381.95

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 03 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : 10309302

Amount of Each Disbursement this Period

[REDACTED] 79.75

Bank fees deducted from account

Memo Item

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 / D D / Y Y Y Y Y Y
09 / 04 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : 10309303

Amount of Each Disbursement this Period

[REDACTED] 45.29

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 10 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : 10316947

Amount of Each Disbursement this Period

[REDACTED] 174.02

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 299.06

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 16 | | 2019 |

FEC Identification Number

C

Transaction ID : 10316948

Amount of Each Disbursement this Period

127.42

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 16 | | 2019 |

FEC Identification Number

C

Transaction ID : 10322225

Amount of Each Disbursement this Period

107.91

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 24 | | 2019 |

FEC Identification Number

C

Transaction ID : 10331330

Amount of Each Disbursement this Period

190.99

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

426.32

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | | | |
| 0 | 9 | | | 2 | 7 | | | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10331331

Amount of Each Disbursement this Period

[REDACTED] 159.11

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | | | |
| 0 | 9 | | | 3 | 0 | | | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10331332

Amount of Each Disbursement this Period

[REDACTED] 65.14

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | | | |
| 0 | 9 | | | 2 | 3 | | | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10331333

Amount of Each Disbursement this Period

[REDACTED] 40.43

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 264.68

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 7 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10331334

Amount of Each Disbursement this Period

[REDACTED] 0.06

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 5 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10341615

Amount of Each Disbursement this Period

[REDACTED] 93.29

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 5 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10341616

Amount of Each Disbursement this Period

[REDACTED] 139.39

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 232.74

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 08 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10341617

Amount of Each Disbursement this Period

[REDACTED] 146.98

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 03 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10341618

Amount of Each Disbursement this Period

[REDACTED] 130.38

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Department of the Treasury-Internal Revenue Service

Mailing Address 1500 Pennsylvania Avenue, NW

City
Washington

State
DC

Zip Code
20220

Purpose of Disbursement
Federal income tax on interest income

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 15 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10349960

Amount of Each Disbursement this Period

[REDACTED] 17.06

Federal income tax on interest income

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 294.42

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 18 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10352979

Amount of Each Disbursement this Period

[REDACTED] 55.00

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 21 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10352980

Amount of Each Disbursement this Period

[REDACTED] 116.88

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 21 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10352981

Amount of Each Disbursement this Period

[REDACTED] 6.88

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 178.76

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 21 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10352982

Amount of Each Disbursement this Period

[REDACTED] 217.00

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 28 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10360742

Amount of Each Disbursement this Period

[REDACTED] 13.75

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 28 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10360743

Amount of Each Disbursement this Period

[REDACTED] 12.38

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 243.13

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 25 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10360744

Amount of Each Disbursement this Period

[REDACTED] 27.50

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 29 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10360745

Amount of Each Disbursement this Period

[REDACTED] 280.49

Bank fees deducted from account

Memo Item

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 | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 03 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10362328

Amount of Each Disbursement this Period

[REDACTED] 45.00

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 352.99

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 04 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10384445

Amount of Each Disbursement this Period

[REDACTED] 352.88

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 05 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10384446

Amount of Each Disbursement this Period

[REDACTED] 272.97

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 12 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10384447

Amount of Each Disbursement this Period

[REDACTED] 336.97

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 962.82

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 15 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10384448

Amount of Each Disbursement this Period

[REDACTED] 149.49

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 18 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10384449

Amount of Each Disbursement this Period

[REDACTED] 253.40

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 25 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10384450

Amount of Each Disbursement this Period

[REDACTED] 166.49

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 569.38

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 27 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10384451

Amount of Each Disbursement this Period

[REDACTED] 102.36

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 03 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10387015

Amount of Each Disbursement this Period

[REDACTED] 296.20

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 02 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10403487

Amount of Each Disbursement this Period

[REDACTED] 165.89

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 564.45

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 10 | / | 2019 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10403488

Amount of Each Disbursement this Period

[REDACTED] 353.71

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 16 | / | 2019 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10403489

Amount of Each Disbursement this Period

[REDACTED] 141.25

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12 | / | 23 | / | 2019 |

FEC Identification Number

C [REDACTED]

Transaction ID : 10403490

Amount of Each Disbursement this Period

[REDACTED] 258.90

Bank fees deducted from account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 753.86

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 16 | | | 2019 | | | |

FEC Identification Number

C []

Transaction ID : 10403491

Amount of Each Disbursement this Period

[] 125.42

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des Plaines

State
IL

Zip Code
60018

Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 30 | | | 2019 | | | |

FEC Identification Number

C []

Transaction ID : 10409153

Amount of Each Disbursement this Period

[] 95.20

Bank fees deducted from account

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| | | | | | | | | | |

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 220.62

TOTAL This Period (last page this line number only)..... ▶

[] 9324.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Citizens for Prosperity in America Today CPAT

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 08 | / | 2019 |

Mailing Address 228 S. Washington St.
Suite 115

FEC Identification Number

| | |
|---|-----------|
| C | C00491654 |
|---|-----------|

Transaction ID : 10205734

Amount of Each Disbursement this Period

| | |
|---|---------|
| - | 5000.00 |
|---|---------|

Toomey's LPAC

Memo Item

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Toomey's LPAC

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Enzi For US Senate

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 12 | / | 2019 |

Mailing Address PO Box 2775

FEC Identification Number

| | |
|---|-----------|
| C | C00317503 |
|---|-----------|

Transaction ID : 10208181

Amount of Each Disbursement this Period

| | |
|---|---------|
| - | 3000.00 |
|---|---------|

Void - Enzi For Us Senate

Memo Item

City Cody State WY Zip Code 82414

Purpose of Disbursement
Void - Enzi For Us Senate

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Enzi, Mike, B., Sen.,

Office Sought: House Senate President
State: WY District:

Disbursement For: 2020 Primary General Other (specify)

Full Name (Last, First, Middle Initial)

C. Moore for Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 12 | / | 2019 |

Mailing Address PO Box 16646

FEC Identification Number

| | |
|---|-----------|
| C | C00397505 |
|---|-----------|

Transaction ID : 10208182

Amount of Each Disbursement this Period

| | |
|---|---------|
| - | 2500.00 |
|---|---------|

Void - Moore For Congress

Memo Item

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement
Void - Moore For Congress

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Moore, Gwendolynne, S., Rep.,

Office Sought: House Senate President
State: WI District: 04

Disbursement For: 2020 Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | |
|---|--------|
| - | 500.00 |
|---|--------|

TOTAL This Period (last page this line number only)..... ▶

| | |
|---|--------|
| - | 500.00 |
|---|--------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Delbene for Congress

Mailing Address PO Box 477

City
Kirkland

State
WA

Zip Code
98083

Purpose of Disbursement
Void - Delbene For Congress

011

Category/
Type

Candidate Name

DelBene, Suzan, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 12 | | 2019 |

FEC Identification Number

C C00459099

Transaction ID : 10208183

Amount of Each Disbursement this Period

- 2500.00

Void - Delbene For Congress

Memo Item

Full Name (Last, First, Middle Initial)

B. Gallego For Arizona

Mailing Address PO Box 1710

City
Phoenix

State
AZ

Zip Code
85001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gallego, Ruben, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: AZ District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 30 | | 2019 |

FEC Identification Number

C C00558627

Transaction ID : 10269348

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gallego For Arizona

Mailing Address PO Box 1710

City
Phoenix

State
AZ

Zip Code
85001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gallego, Ruben, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: AZ District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 30 | | 2019 |

FEC Identification Number

C C00558627

Transaction ID : 10269349

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Mullin For Congress

Mailing Address PO Box 3681

City Muskogee State OK Zip Code 74402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mullin, Markwayne, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: OK District: 02

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2019

FEC Identification Number

C00498345

Transaction ID : 10269350

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Moolenaar for Congress

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Category/
Type

Candidate Name

Moolenaar, John, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: MI District: 04

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2019

FEC Identification Number

C00561530

Transaction ID : 10269353

Amount of Each Disbursement this Period

1000.00

Memo Item

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

Category/
Type

Candidate Name

Babin, Brian, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: TX District: 36

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2019

FEC Identification Number

C00553859

Transaction ID : 10269354

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Van Taylor Campaign

Mailing Address 1900 Preston Road #267 - Pmb 229

City Plano State TX Zip Code 75093

Purpose of Disbursement

Category/
Type

Candidate Name
Taylor, Van, , Rep.,

Office Sought: House Senate President
State: TX District: 03

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
07 / 30 / 2019

FEC Identification Number
C C00653634
Transaction ID : 10269355
Amount of Each Disbursement this Period
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Finkenauer For Congress

Mailing Address PO Box 598

City Dubuque State IA Zip Code 52004

Purpose of Disbursement

Category/
Type

Candidate Name
Finkenauer, Abby, Lea, Rep.,

Office Sought: House Senate President
State: IA District: 01

Disbursement For: 2020
 Primary General
 Other (specify)

Date of Disbursement
M M / D D / Y Y Y Y Y Y
07 / 30 / 2019

FEC Identification Number
C C00637074
Transaction ID : 10269356
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Bill Posey

Mailing Address PO Box 411486

City Melbourne State FL Zip Code 32941

Purpose of Disbursement

Category/
Type

Candidate Name
Posey, Bill, , ,

Office Sought: House Senate President
State: FL District: 04

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
07 / 30 / 2019

FEC Identification Number
C C00444968
Transaction ID : 10269357
Amount of Each Disbursement this Period
1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Holding Onto Oregon's Priorities PAC

Mailing Address PO Box 3314

City
Portland

State
OR

Zip Code
97208

Purpose of Disbursement
Wyden LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 30 | / | 2019 |

FEC Identification Number

C C00392738

Transaction ID : 10269358

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Wyden LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Nutmeg PAC

Mailing Address 777 Summer St, Suite 302

City
Stamford

State
CT

Zip Code
06901

Purpose of Disbursement
Blumenthal LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 30 | / | 2019 |

FEC Identification Number

C C00492983

Transaction ID : 10269359

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Blumenthal LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Billy Long for Congress

Mailing Address PO Box 4527

City
Springfield

State
MO

Zip Code
65808

Purpose of Disbursement

011

Category/
Type

Candidate Name

Long, Billy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020 Primary General
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 30 | / | 2019 |

FEC Identification Number

C C00460063

Transaction ID : 10269362

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 7000.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Wexton For Congress

Mailing Address PO Box 650550

City Sterling State VA Zip Code 20165

Purpose of Disbursement

Category/Type

Candidate Name

Wexton, Jennifer, T., Rep.,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: VA District: 10

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10269363

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends To Elect Dr. Greg Murphy To Congress

Mailing Address 502 Queen Annes Rd

City Greenville State NC Zip Code 27858

Purpose of Disbursement

Category/Type

Candidate Name

Murphy, Gregory, , ,

Office Sought: House Senate President
 Disbursement For: 2019 Primary General Other (specify) Special-General2019
 State: NC District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10269371

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bishop For Congress

Mailing Address 2216 Whilden Ct

City Charlotte State NC Zip Code 28211

Purpose of Disbursement

Category/Type

Candidate Name

Bishop, James, , ,

Office Sought: House Senate President
 Disbursement For: 2019 Primary General Other (specify) Special-General2019
 State: NC District: 09

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10269373

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Drew Ferguson For Congress Inc.

Mailing Address PO Box 71067

City Newnan State GA Zip Code 30271

Purpose of Disbursement

Category/
Type

Candidate Name

Ferguson, Anderson, , , IV

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: GA District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10272729

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Drew Ferguson For Congress Inc.

Mailing Address PO Box 71067

City Newnan State GA Zip Code 30271

Purpose of Disbursement

Category/
Type

Candidate Name

Ferguson, Anderson, , , IV

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: GA District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10272730

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement

Category/
Type

Candidate Name

Nunes, Devin, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: CA District: 21

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10272731

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Bill Flores For Congress

Mailing Address PO Box 6207

City
Bryan

State
TX

Zip Code
77805

Purpose of Disbursement

011

Category/
Type

Candidate Name

Flores, Bill, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: TX

District: 17

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2019

FEC Identification Number

C00472241

Transaction ID : 10272732

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Robin Kelly For Congress

Mailing Address PO Box 3411

City
Chicago

State
IL

Zip Code
60654

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kelly, Robin, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: IL

District: 02

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2019

FEC Identification Number

C00539866

Transaction ID : 10272733

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address PO Box 100

City
Teaneck

State
NJ

Zip Code
07666

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pascrell, William, , , Jr.

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: NJ

District: 08

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2019

FEC Identification Number

C00313510

Transaction ID : 10272735

Amount of Each Disbursement this Period

2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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NAME 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 Dan Kildee

Mailing Address PO Box 248

City
Flint

State
MI

Zip Code
48501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kildee, Dan, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 1 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C00499947

Transaction ID : 10272736

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom Reed For Congress

Mailing Address PO Box 94

City
Corning

State
NY

Zip Code
14830

Purpose of Disbursement

011

Category/
Type

Candidate Name

Reed, Thomas, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NY District: 29

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 1 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C00464032

Transaction ID : 10272737

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lahood For Congress

Mailing Address PO Box 10735

City
Peoria

State
IL

Zip Code
61612

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lahood, Darin, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 1 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C00575050

Transaction ID : 10272738

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Scott For Congress

Mailing Address PO Box 251

City
Newport News

State
VA

Zip Code
23607

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scott, Robert, C., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: VA District: 03

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2019

FEC Identification Number

C C00256925

Transaction ID : 10272739

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bilirakis For Congress

Mailing Address PO Box 606

City
Tarpon Springs

State
FL

Zip Code
34688

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bilirakis, Gus, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2019

FEC Identification Number

C C00408534

Transaction ID : 10272740

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Building America's Republican Representation (BARR PAC)

Mailing Address 402 S. Capitol St, SE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Andy Barr LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2019

FEC Identification Number

C C00572271

Transaction ID : 10272741

Amount of Each Disbursement this Period

1000.00

Andy Barr LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Dutch Ruppensberger For Congress Committee

Mailing Address PO Box 231

City Lutherville State MD Zip Code 21094

Purpose of Disbursement

Category/
Type

Candidate Name

Ruppensberger, C.A. Dutch, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: MD District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10272742

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Billy Long for Congress

Mailing Address PO Box 4527

City Springfield State MO Zip Code 65808

Purpose of Disbursement

Category/
Type

Candidate Name

Long, Billy, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: MO District: 07

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10272743

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. David Rouzer For Congress

Mailing Address PO Box 3142

City Wilmington State NC Zip Code 28406

Purpose of Disbursement

Category/
Type

Candidate Name

Rouzer, David, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: NC District: 07

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10272744

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Building a National Knowledgeable Security PAC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | / | 01 | / | 2019 |

Mailing Address PO Box 11463

FEC Identification Number

C C00650267

Transaction ID : 10272745

Amount of Each Disbursement this Period

1000.00

Banks LPAC

Memo Item

City Fort Wayne State IN Zip Code 46858-1463

Purpose of Disbursement Banks LPAC

011
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Cory Gardner For Senate

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | / | 01 | / | 2019 |

Mailing Address 9227 E. Lincoln Ave., #200-234

FEC Identification Number

C C00492454

Transaction ID : 10273203

Amount of Each Disbursement this Period

1000.00

Memo Item

City Lone Tree State CO Zip Code 80124

Purpose of Disbursement

011
Category/Type

Candidate Name

Gardner, Cory, , Sen.,

Office Sought: House Senate President
State: CO District:

Disbursement For: 2020 Primary General Other (specify)

Full Name (Last, First, Middle Initial)

C. Moran Victory Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | / | 05 | / | 2019 |

Mailing Address PO Box 541

FEC Identification Number

C

Transaction ID : 10275382

Amount of Each Disbursement this Period

5000.00

Moran JFC

Memo Item

City Belleville State KS Zip Code 66935

Purpose of Disbursement Moran JFC

011
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Elise For Congress

Mailing Address PO Box 500

City
Glens Falls

State
NY

Zip Code
12801

Purpose of Disbursement

011

Category/
Type

Candidate Name

Stefanik, Elise, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 05 / 2019

FEC Identification Number

C C00547893

Transaction ID : 10275460

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Feenstra For Congress

Mailing Address 641 2nd St

City
Hull

State
IA

Zip Code
51239

Purpose of Disbursement

011

Category/
Type

Candidate Name

Feenstra, Randall, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: IA District: 04

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 05 / 2019

FEC Identification Number

C C00693663

Transaction ID : 10275461

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City
Sacramento

State
CA

Zip Code
95841

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thompson, Mike, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 09 / 2019

FEC Identification Number

C C00326363

Transaction ID : 10280328

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Freedom Fund

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 09 | | 2019 |

Mailing Address 251 East Front Street

FEC Identification Number

| | |
|---|-----------|
| C | C00390674 |
|---|-----------|

Transaction ID : 10280330

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Crapo's LPAC

Memo Item

City Boise State ID Zip Code 83702

Purpose of Disbursement Crapo's LPAC

| |
|---------------|
| 011 |
| Category/Type |

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Mike Kelly For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 09 | | 2019 |

Mailing Address PO Box 476

FEC Identification Number

| | |
|---|-----------|
| C | C00474189 |
|---|-----------|

Transaction ID : 10280336

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

City Lyndora State PA Zip Code 16045

Purpose of Disbursement

| |
|---------------|
| 011 |
| Category/Type |

Candidate Name

Kelly, George, , , Jr

Office Sought: House Senate President
State: PA District: 03

Disbursement For: 2020 Primary General Other (specify)

Full Name (Last, First, Middle Initial)

C. Mad 4 Pa Pac

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 13 | | 2019 |

Mailing Address PO Box 444

FEC Identification Number

| | |
|---|-----------|
| C | C00670844 |
|---|-----------|

Transaction ID : 10285665

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item

City Glenside State PA Zip Code 19038

Purpose of Disbursement

| |
|---------------|
| 011 |
| Category/Type |

Candidate Name

Dean, Madeleine, , Rep.,

Office Sought: House Senate President
State: PA District: 04

Disbursement For: 2020 Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 8500.00 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Dan Crenshaw For Congress

Mailing Address PO Box 430965

City
Houston

State
TX

Zip Code
77243

Purpose of Disbursement

011

Category/
Type

Candidate Name

Crenshaw, Daniel, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | / | 28 | / | 2019 |

FEC Identification Number

C C00660795

Transaction ID : 10303019

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. Frederica S Wilson For Congress

Mailing Address 19821 NW 2nd Avenue
Box 354

City
Miami Gardens

State
FL

Zip Code
33169

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wilson, Frederica, S., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: FL District: 24

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | / | 28 | / | 2019 |

FEC Identification Number

C C00460055

Transaction ID : 10303020

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. Daniel Webster For Congress

Mailing Address PO Box 1007

City
Webster

State
FL

Zip Code
33597

Purpose of Disbursement

011

Category/
Type

Candidate Name

Webster, Daniel, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | / | 28 | / | 2019 |

FEC Identification Number

C C00481911

Transaction ID : 10303021

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 6000.00 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Burchett For Congress

Mailing Address PO Box 51345

City
Knoxville

State
TN

Zip Code
37950

Purpose of Disbursement

011

Category/
Type

Candidate Name

Burchett, Tim, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TN District: 02

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2019

FEC Identification Number

C C00652149

Transaction ID : 10303022

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Barrasso Cassidy Victory Fund

Mailing Address 901 North Washington
Suite 700

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Barrasso Cassidy JFC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2019

FEC Identification Number

C

Transaction ID : 10303023

Amount of Each Disbursement this Period

1000.00

Barrasso Cassidy JFC

Memo Item

Full Name (Last, First, Middle Initial)

C. Dan Newhouse For Congress

Mailing Address PO Box 10949

City
Yakima

State
WA

Zip Code
98909

Purpose of Disbursement

011

Category/
Type

Candidate Name

Newhouse, Dan, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WA District: 04

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2019

FEC Identification Number

C C00559393

Transaction ID : 10303024

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Wells PAC

Mailing Address 2470 Daniels Bridge Rd
Suite 121

City Athens State GA Zip Code 30606

Purpose of Disbursement
Void - Wells PAC

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10303834

Amount of Each Disbursement this Period

Void - Wells PAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Wells PAC

Mailing Address 2470 Daniels Bridge Rd
Suite 121

City Athens State GA Zip Code 30606

Purpose of Disbursement
Austin Scott Leadership PAC

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10303940

Amount of Each Disbursement this Period

Austin Scott Leadership PAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Scanlon For Congress

Mailing Address PO Box 263

City Swarthmore State PA Zip Code 19081

Purpose of Disbursement

Category/
Type

Candidate Name

Scanlon, Mary, Gay, Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: PA District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10303941

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Buddy PAC

Mailing Address 824 S Millidge Avenue
Suite 101

City Athens State GA Zip Code 30605

Purpose of Disbursement
Buddy Carter LPAC

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2019

FEC Identification Number

C00597062

Transaction ID : 10303942

Amount of Each Disbursement this Period

2500.00

Buddy Carter LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Neal Dunn

Mailing Address PO Box 16088

City Panama City State FL Zip Code 32406

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dunn, Neal, , MD FACS

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify)

State: FL District: 02

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2019

FEC Identification Number

C00582304

Transaction ID : 10303943

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Neal Dunn

Mailing Address PO Box 16088

City Panama City State FL Zip Code 32406

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dunn, Neal, , MD FACS

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: FL District: 02

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2019

FEC Identification Number

C00582304

Transaction ID : 10303944

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Doing Right - Results, Action, Unity, Leadership PAC

Mailing Address PO Box 3433

City
Palm Desert

State
CA

Zip Code
92261

Purpose of Disbursement
Raul Ruiz, LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2019

FEC Identification Number

C00569871

Transaction ID : 10314638

Amount of Each Disbursement this Period

2500.00

Raul Ruiz, LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Walker 4 NC

Mailing Address PO Box 99247

City
Raleigh

State
NC

Zip Code
27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Walker, Bradley, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: NC District: 06

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2019

FEC Identification Number

C00543231

Transaction ID : 10314639

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mark Takano For Congress

Mailing Address PO Box 5214

City
Riverside

State
CA

Zip Code
92517

Purpose of Disbursement

011

Category/
Type

Candidate Name

Takano, Mark, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2019

FEC Identification Number

C00498667

Transaction ID : 10315241

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Armstrong For Congress

Mailing Address 1515 Burnt Boat Drive
Box 112

City Bismarck State ND Zip Code 58503

Purpose of Disbursement

Category/
Type

Candidate Name

Armstrong, Kelly, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: ND District: 00

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10315243

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Cornyn Majority Committee

Mailing Address 16714 Fitzhugh Road

City Dripping Springs State TX Zip Code 78620

Purpose of Disbursement
JFC

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10315244

Amount of Each Disbursement this Period

JFC

Memo Item

Full Name (Last, First, Middle Initial)

C. Ann Wagner For Congress

Mailing Address PO Box 50

City Ballwin State DC Zip Code 63022

Purpose of Disbursement

Category/
Type

Candidate Name

Wagner, Ann, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: MO District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10315245

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. McKinley For Congress

Mailing Address PO Box 642

City Morgantown

State WV

Zip Code 26507

Purpose of Disbursement

011

Category/Type

Candidate Name

McKinley, David, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2019

FEC Identification Number

C00473132

Transaction ID : 10315246

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Continuing America's Strength and Security

Mailing Address 1006 Pendleton Street

City Alexandria

State VA

Zip Code 22314

Purpose of Disbursement
Bill Cassidy's LPAC

011

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2019

FEC Identification Number

C00480228

Transaction ID : 10315248

Amount of Each Disbursement this Period

1000.00

Bill Cassidy's LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Terri Sewell For Congress

Mailing Address PO Box 1964

City Birmingham

State AL

Zip Code 35201

Purpose of Disbursement

011

Category/Type

Candidate Name

Sewell, Terri, A., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: AL District: 07

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2019

FEC Identification Number

C00458976

Transaction ID : 10315249

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
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NAME 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 David Schweikert

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 11 | | 2019 |

Mailing Address PO Box 13176
8175 East Evans Road #23176

City Phoenix State AZ Zip Code 85002

FEC Identification Number

C C00540617

Transaction ID : 10315250

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Schweikert, David, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: AZ District: 06

Full Name (Last, First, Middle Initial)

B. Schakowsky For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 11 | | 2019 |

Mailing Address PO Box 5130

City Evanston State IL Zip Code 60204

FEC Identification Number

C C00327023

Transaction ID : 10315251

Amount of Each Disbursement this Period

1000.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Schakowsky, Jan, D., Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: IL District: 09

Full Name (Last, First, Middle Initial)

C. Virginia Foxx For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 11 | | 2019 |

Mailing Address PO Box 2676

City Boone State NC Zip Code 28607

FEC Identification Number

C C00386748

Transaction ID : 10315252

Amount of Each Disbursement this Period

500.00

Memo Item

Purpose of Disbursement

011
Category/
Type

Candidate Name

Foxx, Virginia, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: NC District: 05

SUBTOTAL of Disbursements This Page (optional).....▶

2500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of Denver Riggelman, Inc.

Mailing Address P.O. Box 798

City Nellysford State VA Zip Code 22958

Purpose of Disbursement

Category/Type

Candidate Name

Riggelman, Denver, Lee, Rep., III

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: VA District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10315253

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Fitzpatrick For Congress

Mailing Address PO Box 939

City Langhorne State PA Zip Code 19047

Purpose of Disbursement

Category/Type

Candidate Name

Fitzpatrick, Brian, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: PA District: 08

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10315254

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Katherine Clark For Congress

Mailing Address PO Box 159

City Belmont State MA Zip Code 02478

Purpose of Disbursement

Category/Type

Candidate Name

Clark, Katherine, M, Rep.,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: MA District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10315255

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Dr Manny For Us Senate

Mailing Address PO Box 58068
95 White Bridge Rd Suite 207

City Nashville State TN Zip Code 37205

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sethi, Manny, , Dr.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2019

FEC Identification Number

C C00708628

Transaction ID : 10324659

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Doggett For Congress

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement

011

Category/
Type

Candidate Name

Doggett, Lloyd, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: TX District: 10

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2019

FEC Identification Number

C C00286500

Transaction ID : 10324660

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jeff Duncan For Congress

Mailing Address PO Box 845

City Laurens State SC Zip Code 29360

Purpose of Disbursement

011

Category/
Type

Candidate Name

Duncan, Jeff, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: SC District: 03

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2019

FEC Identification Number

C C00460550

Transaction ID : 10324661

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Jeff Duncan For Congress

Mailing Address PO Box 845

City Laurens State SC Zip Code 29360

Purpose of Disbursement

Category/
Type

Candidate Name
Duncan, Jeff, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼
State: SC District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10324664

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Ron Estes For Congress

Mailing Address PO Box 782952

City Wichita State KS Zip Code 67278

Purpose of Disbursement

Category/
Type

Candidate Name
Estes, Ron, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼
State: KS District: 04

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10324665

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Andy Harris For Congress

Mailing Address PO Box 426

City Stevensville State MD Zip Code 21666

Purpose of Disbursement

Category/
Type

Candidate Name
Harris, Andrew, , ,

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼
State: MD District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10324668

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Larson For Congress

Mailing Address PO Box 261172

City
Hartford

State
CT

Zip Code
06126

Purpose of Disbursement

011

Category/
Type

Candidate Name

Larson, John, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 23 | / | 2019 |

FEC Identification Number

C C00330142

Transaction ID : 10324671

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Joyce

Mailing Address 9856 Archer Ln

City
Dublin

State
OH

Zip Code
43017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joyce, Dave, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: OH District: 14

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 23 | / | 2019 |

FEC Identification Number

C C00527457

Transaction ID : 10324672

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lance Gooden For Congress Committee

Mailing Address PO Box 2125

City
Terrell

State
TX

Zip Code
75160

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gooden, Lance, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 23 | / | 2019 |

FEC Identification Number

C C00662601

Transaction ID : 10324673

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Patriots For Perry

Mailing Address PO Box 633

City
New Cumberland

State
PA

Zip Code
17070

Purpose of Disbursement

011

Category/
Type

Candidate Name

Perry, Scott, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: PA District: 10

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2019 |

FEC Identification Number

C C00510164

Transaction ID : 10324674

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kurt Schrader For Congress

Mailing Address PO Box 3314

City
Oregon City

State
OR

Zip Code
97045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schrader, Kurt, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: OR District: 05

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2019 |

FEC Identification Number

C C00446906

Transaction ID : 10324675

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. Al Gross For US Senate

Mailing Address PO Box 90938

City
Anchorage

State
AK

Zip Code
99509

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gross, Al, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: AK District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 23 | / | 2019 |

FEC Identification Number

C C00710822

Transaction ID : 10324676

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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NAME 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 PO Box 162

City
Van Meter

State
IA

Zip Code
50261

Purpose of Disbursement

011

Category/
Type

Candidate Name

Young, David, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 23 | / | 2019 |

FEC Identification Number

C C00545616

Transaction ID : 10324677

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Beth Van Duyne For Congress

Mailing Address PO Box 630167

City
Irving

State
TX

Zip Code
75063

Purpose of Disbursement

011

Category/
Type

Candidate Name

Van Duyne, Elizabeth, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: TX District: 24

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 23 | / | 2019 |

FEC Identification Number

C C00714865

Transaction ID : 10324680

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Donna Shalala For Congress

Mailing Address 219 Pennsylvania Ave Se
3rd Floor

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Shalala, Donna, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: FL District: 27

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 23 | / | 2019 |

FEC Identification Number

C C00672311

Transaction ID : 10324682

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Jobs, Energy and Our Founding Fathers PAC

Mailing Address 228 S. Washington St
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Jeff Duncan, LPAC

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10324734

Amount of Each Disbursement this Period

Jeff Duncan, LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom Rice For Congress

Mailing Address PO Box 70098

City Myrtle Beach State SC Zip Code 29572

Purpose of Disbursement

Category/
Type

Candidate Name

Rice, Tom, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify)
State: SC District: 07

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10324866

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Re-Elect Nydia M Velazquez to Congress

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement

Category/
Type

Candidate Name

Velazquez, Nydia, M., Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: NY District: 07

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10324870

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Believe in America PAC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 23 | | 2019 |

Mailing Address C/O Red Curve Solutions
138 Conant Street, 2nd Floor

FEC Identification Number

C C00691154

Transaction ID : 10324873

Amount of Each Disbursement this Period

1500.00

Romney's LPAC

Memo Item

City Beverly State MA Zip Code 01915

Purpose of Disbursement
Romney's LPAC

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Friends Of McCormick

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 23 | | 2019 |

Mailing Address 4410 Laurel Grove Trace

FEC Identification Number

C C00706747

Transaction ID : 10324874

Amount of Each Disbursement this Period

1500.00

Memo Item

City Suwanee State GA Zip Code 30024

Purpose of Disbursement

011
Category/
Type

Candidate Name
McCormick, Richard, , ,

Office Sought: House Senate President
State: GA District: 07

Disbursement For: 2020 Primary General Other (specify)

Full Name (Last, First, Middle Initial)

C. AMI PAC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 23 | | 2019 |

Mailing Address PO Box 582496

FEC Identification Number

C C00561779

Transaction ID : 10324875

Amount of Each Disbursement this Period

1500.00

Ami Bera LPAC

Memo Item

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
Ami Bera LPAC

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

A. Bera For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement 011 Category/Type

Candidate Name
Bera, Amerish, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: CA District: 07

Date of Disbursement: 09 / 23 / 2019

FEC Identification Number: C00461061
Transaction ID : 10324884
Amount of Each Disbursement this Period: 3500.00

Memo Item

B. Stivers For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement 011 Category/Type

Candidate Name
Stivers, Steve, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: OH District: 15

Date of Disbursement: 09 / 23 / 2019

FEC Identification Number: C00441352
Transaction ID : 10324885
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Trey For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 421

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement 011 Category/Type

Candidate Name
Hollingsworth, Trey, , Rep.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: IN District: 09

Date of Disbursement: 09 / 23 / 2019

FEC Identification Number: C00590463
Transaction ID : 10324886
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Tom O'Halleran For Congress

Mailing Address PO Box 63992

City
Phoenix

State
AZ

Zip Code
85082

Purpose of Disbursement

011

Category/
Type

Candidate Name

O'Halleran, Tom, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 24 | / | 2019 |

FEC Identification Number

C C00582890

Transaction ID : 10325362

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. Jimmy Panetta For Congress

Mailing Address PO Box 1579

City
Carmel Valley

State
CA

Zip Code
93924

Purpose of Disbursement

011

Category/
Type

Candidate Name

Panetta, Jimmy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: CA District: 20

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 24 | / | 2019 |

FEC Identification Number

C C00592154

Transaction ID : 10325363

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. Joe Morelle For Congress

Mailing Address PO Box 90914

City
Rochester

State
NY

Zip Code
14609

Purpose of Disbursement

011

Category/
Type

Candidate Name

Morelle, Joseph, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 24 | / | 2019 |

FEC Identification Number

C C00675108

Transaction ID : 10325364

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

| |
|---------|
| 4500.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Cole For Congress

Mailing Address PO Box 722256

City
Norman

State
OK

Zip Code
73070

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cole, Tom, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 4 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C C00379735

Transaction ID : 10325365

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

B. Ron Estes For Congress

Mailing Address PO Box 782952

City
Wichita

State
KS

Zip Code
67278

Purpose of Disbursement

011

Category/
Type

Candidate Name

Estes, Ron, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: KS District: 04

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 4 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C C00632067

Transaction ID : 10325366

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Memo Item

Full Name (Last, First, Middle Initial)

C. Womack For Congress Committee

Mailing Address PO Box 508

City
Rogers

State
AR

Zip Code
72757

Purpose of Disbursement

011

Category/
Type

Candidate Name

Womack, Steve, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: AR District: 03

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 4 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C C00477745

Transaction ID : 10325367

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

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|---|---|---|---|---|---|---|---|---|---|
| 3 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Zeldin For Congress

Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement

011

Category/
Type

Candidate Name

Zeldin, Lee, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: NY District: 01

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2019

FEC Identification Number

C00552547

Transaction ID : 10325368

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Josh Harder For Congress

Mailing Address PO Box 4426

City Modesto State CA Zip Code 95352

Purpose of Disbursement

011

Category/
Type

Candidate Name

Harder, Josh, , Rep.,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify)

State: CA District: 10

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2019

FEC Identification Number

C00639146

Transaction ID : 10325369

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wexton For Congress

Mailing Address PO Box 650550

City Sterling State VA Zip Code 20165

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wexton, Jennifer, T., Rep.,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: VA District: 10

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2019

FEC Identification Number

C00638023

Transaction ID : 10325370

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Cisneros For Congress

Mailing Address PO Box 40

City
Placentia

State
CA

Zip Code
92871

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cisneros, Gilbert, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: CA

District: 39

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2019

FEC Identification Number

C00650648

Transaction ID : 10325371

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Harley Rouda For Congress

Mailing Address 120 Newport Center Dr
#28

City
Newport Beach

State
CA

Zip Code
92660

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rouda, Harley, E., Rep., Jr.

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: CA

District: 48

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2019

FEC Identification Number

C00633982

Transaction ID : 10325372

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Angie Craig For Congress

Mailing Address PO Box 22116

City
Eagan

State
MN

Zip Code
55122

Purpose of Disbursement

011

Category/
Type

Candidate Name

Craig, Angela, Dawn, Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: MN

District: 02

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2019

FEC Identification Number

C00575209

Transaction ID : 10325373

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. First in Freedom PAC

Mailing Address 824 S Milledge Ave
Suite 101

City Athens State GA Zip Code 30605

Purpose of Disbursement
Hudson, Richard LPAC

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2019

FEC Identification Number

C00540146

Transaction ID : 10325374

Amount of Each Disbursement this Period

1000.00

Hudson, Richard LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Nevadans For Steven Horsford

Mailing Address PO Box 336664

City North Las Vegas State NV Zip Code 89033

Purpose of Disbursement

Candidate Name

Horsford, Steven, Alexander, Rep.,

Office Sought: House Senate President
State: NV District: 04 Disbursement For: 2020 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2019

FEC Identification Number

C00668228

Transaction ID : 10325375

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Brian Mast for Congress

Mailing Address 2600 S Douglas Rd Ste 900

City Coral Gables State FL Zip Code 33134

Purpose of Disbursement

Candidate Name

Mast, Brian, , ,

Office Sought: House Senate President
State: FL District: 18 Disbursement For: 2020 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2019

FEC Identification Number

C00579896

Transaction ID : 10325991

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Diana Degette For Congress

Mailing Address PO Box 61337

City
Denver

State
CO

Zip Code
80206

Purpose of Disbursement

011

Category/
Type

Candidate Name

DeGette, Diana, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 25 | / | 2019 |

FEC Identification Number

C C00311639

Transaction ID : 10325992

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Diana Degette For Congress

Mailing Address PO Box 61337

City
Denver

State
CO

Zip Code
80206

Purpose of Disbursement

011

Category/
Type

Candidate Name

DeGette, Diana, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 25 | / | 2019 |

FEC Identification Number

C C00311639

Transaction ID : 10325993

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Guthrie, S. Brett, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | / | 25 | / | 2019 |

FEC Identification Number

C C00445023

Transaction ID : 10325994

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Upton For All Of Us

Mailing Address PO Box 490

City
Saint Joseph

State
MI

Zip Code
49085

Purpose of Disbursement

011

Category/
Type

Candidate Name

Upton, Frederick, Stephen, Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2019

FEC Identification Number

C C00200584

Transaction ID : 10325996

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Simpson For Congress

Mailing Address 1487 Parkway Drive

City
Blackfoot

State
ID

Zip Code
83221

Purpose of Disbursement

011

Category/
Type

Candidate Name

Simpson, Michael, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: ID District: 02

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2019

FEC Identification Number

C C00331397

Transaction ID : 10325997

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Durbin Victory Fund

Mailing Address PO Box 1949

City
Springfield

State
IL

Zip Code
62705

Purpose of Disbursement
Durbin JFC

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2019

FEC Identification Number

C

Transaction ID : 10325998

Amount of Each Disbursement this Period

1000.00

Durbin JFC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Jaime For Congress

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement

011

Category/
Type

Candidate Name

Herrera-Beutler, Jaime, L., Rep.,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼

State: WA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2019

FEC Identification Number

C C00472704

Transaction ID : 10325999

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Suozzi For Congress

Mailing Address PO Box 669

City Glen Cove State NY Zip Code 11542

Purpose of Disbursement

011

Category/
Type

Candidate Name

Suozzi, Thomas, R., Rep.,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼

State: NY District: 03

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2019

FEC Identification Number

C C00607200

Transaction ID : 10326000

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mullin For Congress

Mailing Address PO Box 3681

City Muskogee State OK Zip Code 74402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mullin, Markwayne, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼

State: OK District: 02

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2019

FEC Identification Number

C C00498345

Transaction ID : 10326001

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Josh Gottheimer For Congress

Mailing Address PO Box 584

City
Ridgewood

State
NJ

Zip Code
07451

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gottheimer, Joshua, S., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 25 / 2019

FEC Identification Number

C C00573949

Transaction ID : 10326002

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Perdue For Senate

Mailing Address PO Box 12077

City
Atlanta

State
GA

Zip Code
30355

Purpose of Disbursement

011

Category/
Type

Candidate Name

Perdue, David, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: GA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 26 / 2019

FEC Identification Number

C C00547570

Transaction ID : 10326633

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wexton For Congress

Mailing Address PO Box 650550

City
Sterling

State
VA

Zip Code
20165

Purpose of Disbursement
Void - Wexton For Congress

011

Category/
Type

Candidate Name

Wexton, Jennifer, T., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 29 / 2019

FEC Identification Number

C C00638023

Transaction ID : 10330016

Amount of Each Disbursement this Period

- 2500.00

Void - Wexton For Congress

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Dan Newhouse For Congress

Mailing Address PO Box 10949

City
Yakima

State
WA

Zip Code
98909

Purpose of Disbursement
Void - Dan Newhouse For Congress

011

Category/
Type

Candidate Name

Newhouse, Dan, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WA District: 04

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2019

FEC Identification Number

C C00559393

Transaction ID : 10331365

Amount of Each Disbursement this Period

- 1000.00

Memo Item Void - Dan Newhouse For Congress

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc.

Mailing Address PO Box 13026

City
Austin

State
TX

Zip Code
78711

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cornyn, John, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: TX District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2019

FEC Identification Number

C C00369033

Transaction ID : 10337049

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Collins For Senator

Mailing Address PO Box 1096

City
Bangor

State
ME

Zip Code
04402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Collins, Susan, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2019

FEC Identification Number

C C00314575

Transaction ID : 10337104

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Terri PAC

Mailing Address 499 South Capitol Street SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement Terri Sewell LPAC

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10337105

Amount of Each Disbursement this Period

Terri Sewell LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Mooney for Congress

Mailing Address PO Box 1863

City Martinsburg State WV Zip Code 25402

Purpose of Disbursement

Category/
Type

Candidate Name

Mooney, Alexander, , ,

Office Sought: House Senate President
State: WV District: 02

Disbursement For: 2020 Primary General Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10358973

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Latta For Congress

Mailing Address PO Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement

Category/
Type

Candidate Name

Latta, Bob, E., Rep.,

Office Sought: House Senate President
State: OH District: 05

Disbursement For: 2020 Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10359127

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of Denver Riggelman, Inc.

Mailing Address P.O. Box 798

City
Nellysford

State
VA

Zip Code
22958

Purpose of Disbursement

011

Category/
Type

Candidate Name

Riggelman, Denver, Lee, Rep., III

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: VA

District: 05

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2019

FEC Identification Number

C C00680488

Transaction ID : 10359128

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bucshon For Congress

Mailing Address PO Box 250

City
Newburgh

State
IN

Zip Code
47629

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bucshon, Larry, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: IN

District: 08

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2019

FEC Identification Number

C C00468256

Transaction ID : 10359409

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HeartDoc PAC

Mailing Address PO BOX 250

City
NEWBURGH

State
IN

Zip Code
47629-0250

Purpose of Disbursement
Bucshon LPAC

011

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2019

FEC Identification Number

C C00523381

Transaction ID : 10359410

Amount of Each Disbursement this Period

5000.00

Bucshon LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Darren Soto For Congress

Mailing Address PO Box 420239

City
Kissimmee

State
FL

Zip Code
34742

Purpose of Disbursement

011

Category/
Type

Candidate Name

Soto, Darren, Michael, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | 30 | | | 2019 | | | | | |

FEC Identification Number

C C00581074

Transaction ID : 10359411

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ron Estes For Congress

Mailing Address PO Box 782952

City
Wichita

State
KS

Zip Code
67278

Purpose of Disbursement

011

Category/
Type

Candidate Name

Estes, Ron, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | 30 | | | 2019 | | | | | |

FEC Identification Number

C C00632067

Transaction ID : 10359412

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. People For Derek Kilmer

Mailing Address PO Box 1381

City
Tacoma

State
WA

Zip Code
98402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kilmer, Derek, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | 30 | | | 2019 | | | | | |

FEC Identification Number

C C00514893

Transaction ID : 10359413

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Bill Cassidy For US Senate

Mailing Address PO Box 80505

City
Baton Rouge

State
LA

Zip Code
70898

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cassidy, William, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: LA

District:

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2019

FEC Identification Number

C C00543983

Transaction ID : 10359415

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Perdue For Senate

Mailing Address PO Box 12077

City
Atlanta

State
GA

Zip Code
30355

Purpose of Disbursement

011

Category/
Type

Candidate Name

Perdue, David, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: GA

District:

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2019

FEC Identification Number

C C00547570

Transaction ID : 10364733

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Perdue For Senate

Mailing Address PO Box 12077

City
Atlanta

State
GA

Zip Code
30355

Purpose of Disbursement

011

Category/
Type

Candidate Name

Perdue, David, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: GA

District:

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2019

FEC Identification Number

C C00547570

Transaction ID : 10364734

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Toomey, Pat, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: PA

District:

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2019

FEC Identification Number

C00461046

Transaction ID : 10364735

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Van Drew For Congress

Mailing Address PO Box 671

City

Cape May Court House

State
NJ

Zip Code
08210

Purpose of Disbursement

011

Category/
Type

Candidate Name

Van Drew, Jeff, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: NJ

District: 02

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2019

FEC Identification Number

C00661868

Transaction ID : 10364736

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Van Drew For Congress

Mailing Address PO Box 671

City

Cape May Court House

State
NJ

Zip Code
08210

Purpose of Disbursement

011

Category/
Type

Candidate Name

Van Drew, Jeff, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: NJ

District: 02

Date of Disbursement

MM / DD / YYYY
11 / 06 / 2019

FEC Identification Number

C00661868

Transaction ID : 10364737

Amount of Each Disbursement this Period

4500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City
Palm Desert

State
CA

Zip Code
92261

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ruiz, Raul, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 07 | | | 2019 | | | |

FEC Identification Number

C C00502575

Transaction ID : 10364932

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Perdue For Senate

Mailing Address PO Box 12077

City
Atlanta

State
GA

Zip Code
30355

Purpose of Disbursement

011

Category/
Type

Candidate Name

Perdue, David, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 07 | | | 2019 | | | |

FEC Identification Number

C C00547570

Transaction ID : 10364935

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Texans For Jodey Arrington

Mailing Address PO Box 6687

City
Lubbock

State
TX

Zip Code
79493

Purpose of Disbursement

011

Category/
Type

Candidate Name

Arrington, Jodey, Cook, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 12 | | | 2019 | | | |

FEC Identification Number

C C00588657

Transaction ID : 10368277

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Texans For Jodey Arrington

Mailing Address PO Box 6687

City
Lubbock

State
TX

Zip Code
79493

Purpose of Disbursement

011

Category/
Type

Candidate Name

Arrington, Jodey, Cook, Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | 1 | 2 | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C00588657

Transaction ID : 10368278

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DUTCH PAC

Mailing Address 499 S. Capitol St. SW
Suite 422

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Ruppersberger LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | 1 | 8 | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C00448001

Transaction ID : 10372823

Amount of Each Disbursement this Period

2000.00
Ruppersberger LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffries For Congress

Mailing Address 3430 Connecticut Avenue, Nw #11704

City
Washington

State
DC

Zip Code
20008

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jeffries, Hakeem, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NY District: 08

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | 1 | 8 | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C00503052

Transaction ID : 10372826

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

4500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Rodney For Congress

Mailing Address PO Box 344

City
Taylorville

State
IL

Zip Code
62568

Purpose of Disbursement

011

Category/
Type

Candidate Name

Davis, Rodney, L., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | 1 | 8 | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C C00521948

Transaction ID : 10372827

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Burgess, Michael C., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify)

State: TX District: 26

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | 1 | 8 | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C C00372532

Transaction ID : 10372829

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Rely On Your Beliefs Fund

Mailing Address Attn: Keri Ann Hayes
209 Pennsylvania Avenue, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Blunt's LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | 1 | 8 | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C C00344648

Transaction ID : 10372832

Amount of Each Disbursement this Period

1500.00

Blunt's LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends Of Mark Warner

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Warner, Mark, , ,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2019

FEC Identification Number

C00438713

Transaction ID : 10372835

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Re-Elect McGovern Committee

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement

011

Category/
Type

Candidate Name

McGovern, James, P., Rep.,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: MA District: 02

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2019

FEC Identification Number

C00285171

Transaction ID : 10372838

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Larson For Congress

Mailing Address PO Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement

011

Category/
Type

Candidate Name

Larson, John, , ,

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: CT District: 01

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2019

FEC Identification Number

C00330142

Transaction ID : 10372839

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Joe Morelle For Congress

Mailing Address PO Box 90914

City
Rochester

State
NY

Zip Code
14609

Purpose of Disbursement

011

Category/
Type

Candidate Name

Morelle, Joseph, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 18 | | | 2019 | | | |

FEC Identification Number

C C00675108

Transaction ID : 10372840

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Donna Shalala For Congress

Mailing Address 219 Pennsylvania Ave Se
3rd Floor

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Shalala, Donna, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: FL District: 27

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 18 | | | 2019 | | | |

FEC Identification Number

C C00672311

Transaction ID : 10372841

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Andy Harris For Congress

Mailing Address PO Box 426

City
Stevensville

State
MD

Zip Code
21666

Purpose of Disbursement

011

Category/
Type

Candidate Name

Harris, Andrew, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 18 | | | 2019 | | | |

FEC Identification Number

C C00435974

Transaction ID : 10372842

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Andy Harris For Congress

Mailing Address PO Box 426

City Stevensville State MD Zip Code 21666

Purpose of Disbursement

011

Category/
Type

Candidate Name

Harris, Andrew, , ,

Office Sought: House Senate President

Disbursement For: 2020
 Primary General Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2019

FEC Identification Number

C C00435974

Transaction ID : 10372843

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr Kim Schrier For Congress

Mailing Address PO Box 2728

City Issaquah State WA Zip Code 98027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Schrier, Kim, , ,

Office Sought: House Senate President

Disbursement For: 2020
 Primary General Other (specify)

State: WA District: 08

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2019

FEC Identification Number

C C00652628

Transaction ID : 10372849

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bringing America Together PAC

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement
Fitzpatrick LPAC

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2019

FEC Identification Number

C C00647354

Transaction ID : 10379570

Amount of Each Disbursement this Period

3000.00

Fitzpatrick LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Brian Fitzpatrick For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 21 | | 2019 |

Mailing Address PO Box 939

FEC Identification Number

C C00607416

Transaction ID : 10379571

Amount of Each Disbursement this Period

2000.00

Memo Item

City Langhorne State PA Zip Code 19047

Purpose of Disbursement

011
Category/
Type

Candidate Name

Fitzpatrick, Brian, , ,

Office Sought: House Senate President
State: PA District: 08

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Graves For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 22 | | 2019 |

Mailing Address 2345 Grand Blvd Ste 2400

FEC Identification Number

C C00359034

Transaction ID : 10380370

Amount of Each Disbursement this Period

2500.00

Memo Item

City Kansas City State MO Zip Code 64108

Purpose of Disbursement

011
Category/
Type

Candidate Name

Graves, Samuel, , , Jr.

Office Sought: House Senate President
State: MO District: 06

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Friends Of Hagedorn

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11 | | 22 | | 2019 |

Mailing Address 11 Civic Center Plz Ste 7

FEC Identification Number

C C00550707

Transaction ID : 10380374

Amount of Each Disbursement this Period

1000.00

Memo Item

City Mankato State MN Zip Code 56001

Purpose of Disbursement

011
Category/
Type

Candidate Name

Hagedorn, James, , Rep.,

Office Sought: House Senate President
State: MN District: 01

Disbursement For: 2020
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

5500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Suozzi For Congress

Mailing Address PO Box 669

City: Glen Cove State: NY Zip Code: 11542

Purpose of Disbursement

011
Category/Type

Candidate Name

Suozzi, Thomas, R., Rep.,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: NY District: 03

Date of Disbursement

MM / DD / YYYY
11 / 22 / 2019

FEC Identification Number

C C00607200

Transaction ID : 10380375

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Rosa Delauro

Mailing Address 129 Church St, Ste 818

City: New Haven State: CT Zip Code: 06510

Purpose of Disbursement

011
Category/Type

Candidate Name

Delauro, Rosa, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: CT District: 03

Date of Disbursement

MM / DD / YYYY
11 / 22 / 2019

FEC Identification Number

C C00238865

Transaction ID : 10380376

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City: Palm Desert State: CA Zip Code: 92261

Purpose of Disbursement

011
Category/Type

Candidate Name

Ruiz, Raul, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: CA District: 36

Date of Disbursement

MM / DD / YYYY
11 / 22 / 2019

FEC Identification Number

C C00502575

Transaction ID : 10380377

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Team Rick Scott

Mailing Address PO Box 76024

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Rick Scott JFC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 22 | | | 2019 | | | |

FEC Identification Number

C [REDACTED]

Transaction ID : 10380378

Amount of Each Disbursement this Period

| | |
|------------|---------|
| [REDACTED] | 1000.00 |
|------------|---------|

Rick Scott JFC

Memo Item

Full Name (Last, First, Middle Initial)

B. Cisneros For Congress

Mailing Address PO Box 40

City
Placentia

State
CA

Zip Code
92871

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cisneros, Gilbert, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: CA District: 39

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 22 | | | 2019 | | | |

FEC Identification Number

C C00650648

Transaction ID : 10380379

Amount of Each Disbursement this Period

| | |
|------------|---------|
| [REDACTED] | 2000.00 |
|------------|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. Graves For Congress

Mailing Address PO Box 335

City
Calhoun

State
GA

Zip Code
30703

Purpose of Disbursement
Funds Reported On <Enter Report Name Here>

011

Category/
Type

Candidate Name

Graves, Tom, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 14

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 07 | | | 19 | | | 2017 | | | |

FEC Identification Number

C C00462556

Transaction ID : 10380381

Amount of Each Disbursement this Period

| | |
|------------|---------|
| [REDACTED] | 1000.00 |
|------------|---------|

Memo Item Funds Reported On <Enter Report Name Here>

SUBTOTAL of Disbursements This Page (optional)..... ▶

| | |
|------------|---------|
| [REDACTED] | 3000.00 |
|------------|---------|

TOTAL This Period (last page this line number only)..... ▶

| | |
|------------|--|
| [REDACTED] | |
|------------|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Graves For Congress

Mailing Address PO Box 335

City Calhoun State GA Zip Code 30703

Purpose of Disbursement
Re-designated funds for trans. dated 7/19/2017

Candidate Name
Graves, Tom, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: GA District: 14

Date of Disbursement

MM / DD / YYYY
11 / 22 / 2019

FEC Identification Number

C C00462556

Transaction ID : 10380382
Amount of Each Disbursement this Period

500.00

Memo Item dated 7/19/2017

Full Name (Last, First, Middle Initial)

B. David Scott For Congress

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement

Candidate Name
Scott, David, , ,

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify)
State: GA District: 13

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2019

FEC Identification Number

C C00369801

Transaction ID : 10381284
Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Schakowsky For Congress

Mailing Address PO Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement

Candidate Name
Schakowsky, Jan, D., Rep.,

Office Sought: House Senate President
Disbursement For: 2020
 Primary General Other (specify) ▼
State: IL District: 09

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2019

FEC Identification Number

C C00327023

Transaction ID : 10382188
Amount of Each Disbursement this Period

3500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Schakowsky For Congress

Mailing Address PO Box 5130

City: Evanston State: IL Zip Code: 60204

Purpose of Disbursement

Category/
Type

Candidate Name

Schakowsky, Jan, D., Rep.,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼

State: IL District: 09

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10382189

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Virginia Foxx For Congress

Mailing Address PO Box 2676

City: Boone State: NC Zip Code: 28607

Purpose of Disbursement

Category/
Type

Candidate Name

Foxx, Virginia, , Rep.,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼

State: NC District: 05

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10385701

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Collins For Texas

Mailing Address 6119a Greenville Ave Ste 423

City: Dallas State: TX Zip Code: 75206

Purpose of Disbursement

Category/
Type

Candidate Name

Collins, Genevieve, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼

State: TX District: 32

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10391795

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Kean For Congress Inc

Mailing Address PO Box 999

City
Edison

State
NJ

Zip Code
08818

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kean, Thomas, , Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NJ District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 12 / 2019

FEC Identification Number

C C00703058

Transaction ID : 10394325

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. AMI PAC

Mailing Address PO Box 582496

City
Elk Grove

State
CA

Zip Code
95758

Purpose of Disbursement
Ami Bera LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 12 / 2019

FEC Identification Number

C C00561779

Transaction ID : 10394326

Amount of Each Disbursement this Period

1000.00

Ami Bera LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Steve Chabot For Congress

Mailing Address 9856 Archer Ln

City
Dublin

State
OH

Zip Code
43017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Chabot, Steve, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: OH District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 12 / 2019

FEC Identification Number

C C00301838

Transaction ID : 10394327

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Restoring our Democracy (Rod) PAC

Mailing Address 499 South Capitol Street, SW
Suite 407

City Washington State DC Zip Code 20003

Purpose of Disbursement
Rodney Davis LPAC

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10394328

Amount of Each Disbursement this Period

Rodney Davis LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
2019 Building Fund

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10394329

Amount of Each Disbursement this Period

2019 Building Fund

Memo Item

Full Name (Last, First, Middle Initial)

C. Win in 2020

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
NRCC JFC

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10396879

Amount of Each Disbursement this Period

NRCC JFC

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Pete Sessions For Congress

Mailing Address PO Box 8587

City
Waco

State
TX

Zip Code
76714

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sessions, Pete, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

| | | | | | | | | | |
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| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2019 | | | |

FEC Identification Number

C C00303305

Transaction ID : 10396881

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

B. McSally For Congress

Mailing Address PO Box 19128

City
Tucson

State
AZ

Zip Code
85731

Purpose of Disbursement

011

Category/
Type

Candidate Name

McSally, Martha, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2019 | | | |

FEC Identification Number

C C00512236

Transaction ID : 10396882

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

C. Bill Cassidy For US Senate

Mailing Address PO Box 80505

City
Baton Rouge

State
LA

Zip Code
70898

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cassidy, William, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

| | | | | | | | | | |
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| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2019 | | | |

FEC Identification Number

C C00543983

Transaction ID : 10396888

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

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|---------|
| 4500.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Tomorrow Is Meaningful PAC - TIM PAC

Mailing Address 209 Pennsylvania Avenue SE, Suite

City Washington State DC Zip Code 20003

Purpose of Disbursement
Tim Scott LPAC

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00495887

Transaction ID : 10396889

Amount of Each Disbursement this Period

Tim Scott LPAC

Memo Item

Full Name (Last, First, Middle Initial)

B. STEVE PAC

Mailing Address 228 S Washington St
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Stiver's LPAC

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00501478

Transaction ID : 10396890

Amount of Each Disbursement this Period

Stiver's LPAC

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends To Elect Dr. Greg Murphy To Congress

Mailing Address 502 Queen Annes Rd

City Greenville State NC Zip Code 27858

Purpose of Disbursement

011
Category/
Type

Candidate Name
Murphy, Gregory, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: NC District: 03

Date of Disbursement

/ /

FEC Identification Number

C C00697649

Transaction ID : 10396894

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Austin Scott For Congress Inc

Mailing Address PO Box 2530

City
Tifton

State
GA

Zip Code
31793

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scott, James, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 12 / 2019

FEC Identification Number

C C00482737

Transaction ID : 10396898

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tony Cardenas For Congress

Mailing Address PO Box 15320

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cardenas, Tony, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: CA District: 29

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 12 / 2019

FEC Identification Number

C C00498873

Transaction ID : 10396899

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Above the Best PAC

Mailing Address 12138 Central Aveue
Box 671

City
Bowie

State
MD

Zip Code
20721

Purpose of Disbursement
Anthony Brown LPAC

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 12 / 2019

FEC Identification Number

C C00689034

Transaction ID : 10396900

Amount of Each Disbursement this Period

2500.00

Anthony Brown LPAC

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
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| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
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NAME 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 Gonzalez For Congress

Mailing Address 9856 Archer Ln

City
Dublin

State
OH

Zip Code
43017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gonzalez, Anthony, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2019 | | | |

FEC Identification Number

C C00654079

Transaction ID : 10396901

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Scalise For Congress

Mailing Address PO Box 23219

City
Jefferson

State
LA

Zip Code
70183

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scalise, Steve, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2019 | | | |

FEC Identification Number

C C00394957

Transaction ID : 10396902

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Rob Wittman For Congress

Mailing Address PO Box 427

City
Alexandria

State
VA

Zip Code
22313

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wittman, Robert, J., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: VA District: 01

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2019 | | | |

FEC Identification Number

C C00441014

Transaction ID : 10396903

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Julia Brownley For Congress

Mailing Address PO Box 2018

City
Thousand Oaks

State
CA

Zip Code
91358

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brownley, Julia, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2019 | | | |

FEC Identification Number

C C00513077

Transaction ID : 10396905

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom O'Halleran For Congress

Mailing Address PO Box 63992

City
Phoenix

State
AZ

Zip Code
85082

Purpose of Disbursement

011

Category/
Type

Candidate Name

O'Halleran, Tom, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2019 | | | |

FEC Identification Number

C C00582890

Transaction ID : 10396906

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Steve Daines For Montana

Mailing Address PO Box 1598

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Daines, Steve, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 12 | | | 12 | | | 2019 | | | |

FEC Identification Number

C C00491357

Transaction ID : 10396917

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends of Denver Riggelman, Inc.

Mailing Address P.O. Box 798

City Nellysford State VA Zip Code 22958

Purpose of Disbursement
Void - Friends Of Denver Riggelman, Inc.

011

Category/
Type

Candidate Name

Riggelman, Denver, Lee, Rep., III

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: VA District: 05

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2019

FEC Identification Number

C00680488

Transaction ID : 10400171

Amount of Each Disbursement this Period

- 1500.00

Memo Item Void - Friends Of Denver Riggelman, Inc.

Full Name (Last, First, Middle Initial)

B. Friends of Denver Riggelman, Inc.

Mailing Address P.O. Box 798

City Nellysford State VA Zip Code 22958

Purpose of Disbursement

011

Category/
Type

Candidate Name

Riggelman, Denver, Lee, Rep., III

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify)

State: VA District: 05

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2019

FEC Identification Number

C00680488

Transaction ID : 10400768

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Burchett For Congress

Mailing Address PO Box 51345

City Knoxville State TN Zip Code 37950

Purpose of Disbursement

011

Category/
Type

Candidate Name

Burchett, Tim, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: TN District: 02

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2019

FEC Identification Number

C00652149

Transaction ID : 10400815

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

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"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME 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 John Joyce For Congress

Mailing Address 1002 Logan Blvd
Ste 114

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Category/
Type

Candidate Name
Joyce, John, , ,

Office Sought: House
 Senate
 President
State: PA District: 13

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10400818

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <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. Democratic Governors Association

Mailing Address 1225 Eye St, NW
Ste 1100

City
Washington

State
DC

Zip Code
20005-3418

Purpose of Disbursement
DGA Membership

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 10287372

Amount of Each Disbursement this Period

DGA Membership

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶