

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (selected), July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 11 / 29 / 2022 through 12 / 31 / 2022

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

Type or Print Name of Treasurer

Signature of Treasurer Igram, M, , Cassim, MD,FAAOS [Electronically Filed] Date 01 / 23 / 2023

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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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<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2022"/>  |                         | 571228.52                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 370668.80               |                                   |
| (c) Total Receipts (from Line 19) .....  | 95470.57                | 1144926.17                        |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 466139.37               | 1716154.69                        |
| 7. Total Disbursements (from Line 31).....   | 35051.04                | 1285066.36                        |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 431088.33               | 431088.33                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 87824.57                      | 1026736.68                        |
| (ii) Unitemized .....   | 7646.00                       | 94689.29                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 95470.57                      | 1121425.97                        |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 5000.00                           |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 95470.57                      | 1126425.97                        |
| 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)..... | 0.00                          | 0.20                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 18500.00                          |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 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)).....▶                         | 95470.57                      | 1144926.17                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 95470.57                      | 1144926.17                        |

## DETAILED SUMMARY PAGE of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 3001.04                       | 31503.84                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 3001.04                       | 31503.84                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 32000.00                      | 1119500.00                        |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 86737.52                          |
| 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 .....                                  | 50.00                         | 2325.00                           |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 50.00                         | 2325.00                           |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 45000.00                          |
| 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)) ..      | 35051.04                      | 1285066.36                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 35051.04                      | 1285066.36                        |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 95470.57                              | 1126425.97                                |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 50.00                                 | 2325.00                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 95420.57                              | 1124100.97                                |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 3001.04                               | 31503.84                                  |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.20                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 3001.04                               | 31503.64                                  |

**SCHEDULE A (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 101   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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. Handling, Matthew, Alexander, , MD,FAOS**

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

Mailing Address 102 Somerset Rd

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Talleyville | State<br>DE | Zip Code<br>19803 |
|---------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>First State Orthopaedics | Occupation (for Individual)<br>Orthopaedic 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 / 29 / 2022        |

**Transaction ID : 11446771**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

 Memo Item

**B. Algan, Sheila, Marie, , MD,FAOS**

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

Mailing Address 1833 NW 56th Street

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Oklahoma City | State<br>OK | Zip Code<br>73118 |
|-----------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Univ of OK Hlth Sci Center | Occupation (for Individual)<br>Orthopaedic 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 / 29 / 2022        |

**Transaction ID : 11446773**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

 Memo Item

**C. Bahu, Maher, J, , MD,FAOS**

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

Mailing Address 44038 Woodward Suite 200

|                          |             |                   |
|--------------------------|-------------|-------------------|
| City<br>Bloomfield Hills | State<br>MI | Zip Code<br>48302 |
|--------------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Orthopaedic Specialists of Oakland Cou | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|                       |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 12 / 01 / 2022        |

**Transaction ID : 11447981**

Amount of Each Receipt this Period  

|        |
|--------|
| 500.00 |
|--------|

 Memo Item

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

**SCHEDULE A (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 101 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. 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  
 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 11 / 30 / 2022  
**Transaction ID : 11448137**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Greenwald, Alan, G, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14780 Tieton Dr  
 City Yakima State WA Zip Code 98908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedics Northwest Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 30 / 2022  
**Transaction ID : 11448138**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. 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  
 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 12 / 02 / 2022  
**Transaction ID : 11449024**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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

**SCHEDULE A (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 101   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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,MB**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4110 New Leaf Lane  
 City Durham State NC Zip Code 27705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Duke Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 11449025**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Brophy, Robert, H, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Maryhill Drive  
 City Saint Louis State MO Zip Code 63124  
 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 12 / 02 / 2022  
**Transaction ID : 11449026**  
 Amount of Each Receipt this Period 250.00  
 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  
 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 ▼ 1020.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 11449028**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

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



**SCHEDULE A (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 101                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1573 Beacon Street

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Waban | State<br>MA | Zip Code<br>02468 |
|---------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Boston Medical Clinic | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11449029**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Palmer, Michael, P, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8700 Hopewell Rd

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Cincinnati | State<br>OH | Zip Code<br>45242 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>United States Air Force | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11449030**

Amount of Each Receipt this Period  
250.00

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<br>San Diego | State<br>CA | Zip Code<br>92131-6113 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Naval Medical Center San Diego | Occupation (for Individual)<br>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    |   | 03    |   | 2022        |

**Transaction ID : 11449211**

Amount of Each Receipt this Period  
42.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 376.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 101  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Steinlauf, Steven, D, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1514 Victoria Isle Way  
 City Weston State FL Zip Code 33327-1315  
 FEC ID number of contributing federal political 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 / 03 / 2022  
**Transaction ID : 11449213**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Black, David, Albritton, , MD, PhD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12112 Fairway Drive  
 City Little Rock State AR Zip Code 72212-3429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Univ of Arkansas 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 / 2022  
**Transaction ID : 11449215**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Prohaska, Matthew, G, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 69 Griggs Hill Road  
 City Danville State VT Zip Code 05828-9756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NVRH Orthopaedic Clinic 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 / 2022  
**Transaction ID : 11449216**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

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

**SCHEDULE A (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 101  |
| <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. Schmidt, Todd, A., MD,FAOS**  
 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  
 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 ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2022  
**Transaction ID : 11449218**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Tait, Robert, J., MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10561 Jeffreys St Ste 230  
 City Henderson State NV Zip Code 89052-4268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ortho Institute of Henderson 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  
 12 / 05 / 2022  
**Transaction ID : 11449219**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Farber, Daniel, C., MD,FAOS**  
 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 / 2022  
**Transaction ID : 11450627**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

**SCHEDULE A (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 101  |
| <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. Bear, Brian, Jeffrey, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1621 National Avenue  
 City Rockford State IL Zip Code 61103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthollinois Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 06 / 2022  
**Transaction ID : 11450628**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Pierce, Troy, D, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4012 Edgewater PI SE  
 City Mandan State ND Zip Code 58554  
 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 ▼ 1000.00

Date of Receipt 12 / 06 / 2022  
**Transaction ID : 11450629**  
 Amount of Each Receipt this Period 250.00  
 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) Seattle Children's Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 06 / 2022  
**Transaction ID : 11450630**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <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. Burke, Charles, J., III, MD, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Delafield Rd  
 Ste 4010  
 City Pittsburgh State PA Zip Code 15215-3235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPMC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1008.00

Date of Receipt 12 / 06 / 2022  
**Transaction ID : 11450631**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Baker, James, Douglas, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 560 S Loop Rd  
 City Edgewood State KY Zip Code 41017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Commonwealth Orthopedic Centers Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 12 / 06 / 2022  
**Transaction ID : 11450632**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**c. Spelich, Mark, A., , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 8285  
 City Boise State ID Zip Code 83707  
 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 1000.00

Date of Receipt 12 / 06 / 2022  
**Transaction ID : 11450633**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2084.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Sidor, Michael, L, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Kingston Rd

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Media | State<br>PA | Zip Code<br>19063 |
|---------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>The Knee & Shoulder Centers | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 01    |   | 2022        |

**Transaction ID : 11450823**

Amount of Each Receipt this Period  
110.00

Memo Item

**B. Patel, Savan, Dixit, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Acadia Dr

|                          |             |                   |
|--------------------------|-------------|-------------------|
| City<br>South Barrington | State<br>IL | Zip Code<br>60010 |
|--------------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>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    |   | 06    |   | 2022        |

**Transaction ID : 11465554**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Jarmon, Nicholas, Albert, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 319 Essex Ave

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Spring Lake | State<br>NJ | Zip Code<br>07762-1144 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>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    |   | 06    |   | 2022        |

**Transaction ID : 11465562**

Amount of Each Receipt this Period  
500.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1110.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Clabeaux, Jonathan, James, , MD, FAAOS**

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

Mailing Address 1409 Willard Ave West

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Seattle | State<br>WA | Zip Code<br>98119 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>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    |   | 06    |   | 2022        |

**Transaction ID : 11465564**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. O'Connor, Scott, M, , MD, FAAOS**

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

Mailing Address 1738 Hannaford Drive

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Sugar Grove | State<br>IL | Zip Code<br>60554-9360 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>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    |   | 06    |   | 2022        |

**Transaction ID : 11465566**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Coles, Robert, E, , MD, FAAOS**

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

Mailing Address 201 Lands End Rd

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Morehead City | State<br>NC | Zip Code<br>28557 |
|-----------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Carolinas Center For Surgery | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11465571**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

**SCHEDULE A (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 101  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Wise, Thomas, W, , MD, FAAOS**

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

Mailing Address 117 S Washington Street

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Winchester | State<br>VA | Zip Code<br>22601 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>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 / 06 / 2022

**Transaction ID : 11465572**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Holtzclaw, James, F, , MD,FAOS**

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

Mailing Address 41 W Bluff Dr

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Savannah | State<br>GA | Zip Code<br>31406-7548 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>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 / 06 / 2022

**Transaction ID : 11465579**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Skedros, John, G, , MD, FAAOS**

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

Mailing Address 5316 Woodrow St Ste 200

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Murray | State<br>UT | Zip Code<br>84107-5848 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Utah Orthopaedic Specialists | Occupation (for Individual)<br>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 / 06 / 2022

**Transaction ID : 11465581**

Amount of Each Receipt this Period  
500.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Dombroski, Jeffrey, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24662 US 23 South

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Presque Isle | State<br>MI | Zip Code<br>49777-9130 |
|----------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Alpena Regional Medical Center | Occupation (for Individual)<br>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    |   | 07    |   | 2022        |

**Transaction ID : 11465583**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Mosley, Emmett, Wayne, , MD,FAAOS,F**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 220 Thompson Pl

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Roswell | State<br>GA | Zip Code<br>30075-3522 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Aspirus | Occupation (for Individual)<br>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    |   | 07    |   | 2022        |

**Transaction ID : 11465584**

Amount of Each Receipt this Period  
84.00

Memo Item

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

Mailing Address 449 Canyon Springs Dr

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Hixson | State<br>TN | Zip Code<br>37343-2387 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Southern Orthopaedic Trauma Surgeons | Occupation (for Individual)<br>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    |   | 07    |   | 2022        |

**Transaction ID : 11465585**

Amount of Each Receipt this Period  
84.00

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Law, Brian, C, , MD,FAOS**  
 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  
 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 / 2022  
**Transaction ID : 11465586**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Gallant, Gregory, G, , MD,MBA,FAA**  
 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) Rothman Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 07 / 2022  
**Transaction ID : 11465587**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Nugent, Matthew, T, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1142 Sunburst Way  
 City Grants Pass State OR Zip Code 97526-6352  
 FEC ID number of contributing federal political 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 / 07 / 2022  
**Transaction ID : 11465588**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 833.33 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 101  |
| <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. Mahoney, John, D, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5908 W Eaglecreek Dr

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Peoria | State<br>IL | Zip Code<br>61615-6608 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Midwest Orthopaedic | Occupation (for Individual)<br>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    | / | 07    | / | 2022        |

**Transaction ID : 11465698**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 2928 Stanford Ave

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Dallas | State<br>TX | Zip Code<br>75225 |
|----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>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    | / | 2022        |

**Transaction ID : 11465765**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Mejia, Alfonso, , , MD,MPH,FAA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5332 South Shore Drive

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Chicago | State<br>IL | Zip Code<br>60615-5708 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Illinois Association of Orthopedic Sur | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1932.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 08    | / | 2022        |

**Transaction ID : 11465766**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1584.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 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  
 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 12 / 08 / 2022  
**Transaction ID : 11465834**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Wilk, Richard, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 69 Dartmouth St  
 City West Newton State MA Zip Code 02465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lahey Health Hospital & Medical Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 08 / 2022  
**Transaction ID : 11465858**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Crawford, Adam, Clay, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2201 Castilian Path  
 City Westlake State TX Zip Code 76262-2069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baylor Orthopedic & Spine Hospital at Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 08 / 2022  
**Transaction ID : 11465948**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 101  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Armstrong, April, D, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Hope Drive  
 Bldg A, Suite 2900, EC089  
 City Hershey State PA Zip Code 17033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Penn State Health Milton S. Hershey Me Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 12 / 09 / 2022  
**Transaction ID : 11465949**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Bellamy, Jaime, Lyn, , DO,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2161 Cranes Creek Rd  
 City Cameron State NC Zip Code 28326  
 FEC ID number of contributing federal political 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 / 2022  
**Transaction ID : 11465950**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Yassir, Walid, K, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2019 Washtenaw Ave  
 City Ann Arbor State MI Zip Code 48104-3656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DMC Providence Ortho Dept Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 12 / 09 / 2022  
**Transaction ID : 11465951**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Jacobson, William, Charles, , MD, FAAOS**

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

Mailing Address 31370 Ashworth Rd

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Waukee | State<br>IA | Zip Code<br>50263 |
|----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Capital Ortho & Sports Medicine | Occupation (for Individual)<br>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    |   | 09    |   | 2022        |

**Transaction ID : 11466136**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. 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<br>Gainesville | State<br>FL | Zip Code<br>32607 |
|---------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>University of Florida | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11466147**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Dennis, Douglas, A, , MD,FAAOS**

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

Mailing Address 7250 South Polo Ridge Dr

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Littleton | State<br>CO | Zip Code<br>80128 |
|-------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Colorado Joint Replacement | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11466155**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 101  |
| <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<br><b>A. Ryan, Andrew, Wilson, , MD, FAAOS</b>  |             |  | Date of Receipt   |
| Mailing Address 216 Fountain Court<br>Suite 250   |             |  | <input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2022"/> |
| City<br>Lexington   | State<br>KY | Zip Code<br>40509  | <b>Transaction ID : 11466160</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |             |  | Amount of Each Receipt this Period<br><input type="text" value="1000.00"/>                            |
| Name of Employer (for Individual)<br>Kentucky Bone & Joint Surgeons   |             | Occupation (for Individual)<br>Orthopaedic Surgeon               | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br><input type="text" value="1000.00"/> |   |

|   |             |   |   |
|---|-------------|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Romano, David, M, , MD,FAAOS</b>       |             |   | Date of Receipt   |
| Mailing Address 106 Joy Ct  |             |   | <input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2022"/> |
| City<br>Yorktown  | State<br>VA | Zip Code<br>23693-3143  | <b>Transaction ID : 11466164</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |             |   | Amount of Each Receipt this Period<br><input type="text" value="250.00"/>                             |
| Name of Employer (for Individual)<br>William Beaumont Army Medical Center   |             | Occupation (for Individual)<br>Orthopaedic Surgeon              | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br><input type="text" value="250.00"/> |   |

|   |             |  |   |
|---|-------------|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Nahigian, Kevin, K, , MD, FAAOS</b>  |             |  | Date of Receipt   |
| Mailing Address 85 Red Bay Rd   |             |  | <input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2022"/> |
| City<br>Elgin   | State<br>SC | Zip Code<br>29045-8684   | <b>Transaction ID : 11466169</b>  |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                  |             |  | Amount of Each Receipt this Period<br><input type="text" value="84.00"/>                              |
| Name of Employer (for Individual)<br>Carolina Shoulder & Knee Specialists   |             | Occupation (for Individual)<br>Orthopaedic Surgeon               | <input type="checkbox"/> Memo Item  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Aggregate Year-to-Date ▼<br><input type="text" value="1008.00"/> |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="1334.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Ho, Christine, Ann, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11608 Valleydale Dr

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Dallas | State<br>TX | Zip Code<br>75230 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Texas Scottish Rite Hospital For Child | Occupation (for Individual)<br>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    | / | 11    | / | 2022        |

**Transaction ID : 11466170**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Amin, Tanay, J, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22219 N 36th St

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Phoenix | State<br>AZ | Zip Code<br>85050-7397 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Banner Health | Occupation (for Individual)<br>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    | / | 11    | / | 2022        |

**Transaction ID : 11466172**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Bernard, Johnathan, , , MD, MPH, F**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21549 Glebe View Dr

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Broadlands | State<br>VA | Zip Code<br>20148-3625 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>National Sports Medicine Institute | Occupation (for Individual)<br>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    | / | 2022        |

**Transaction ID : 11466174**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1584.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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 2603 90th Ave  
 City Lone Rock State IA Zip Code 50559-8556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Center for Specialty Care Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 12 / 2022  
**Transaction ID : 11466175**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. John, Thomas, K, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 522 Eastbrook Rd  
 City Ridgewood State NJ Zip Code 07450-2110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Active Orthopedics and Sports Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 12 / 2022  
**Transaction ID : 11466176**  
 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 5019 Montoya Rd  
 City El Paso State TX Zip Code 79922-2031  
 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 ▼ 1752.03

Date of Receipt 12 / 12 / 2022  
**Transaction ID : 11466177**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 334.67 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 101  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Osborn, Patrick, M, , MD,FAAOS</b>     |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 12 / 2022 |
| Mailing Address 23318 Bison Canyon  |  | <b>Transaction ID : 11466178</b>                                 |
| City<br>San Antonio   | State<br>TX  | Zip Code<br>78261  |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>250.00       |  |
| Name of Employer (for Individual)<br>San Antonio Military Health System   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                 |  |

|  |  |  |
|--|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Willis, Matthew, Parker, , MD,FAAOS</b> |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 12 / 2022 |
| Mailing Address 9294 Exton Ln  |  | <b>Transaction ID : 11466198</b>                                 |
| City<br>Brentwood  | State<br>TN  | Zip Code<br>37027-1402   |
| FEC ID number of contributing federal political committee.<br>C  | Amount of Each Receipt this Period<br>500.00       |  |
| Name of Employer (for Individual)<br>Tennessee Orthopedic Alliance   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Aggregate Year-to-Date ▼<br>500.00                 |  |

|   |  |  |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Henderson, Christopher, , , MD,FAAOS</b> |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 12 / 2022 |
| Mailing Address 17 Chatham Hill Circle  |  | <b>Transaction ID : 11466202</b>                                 |
| City<br>Clarks Summit   | State<br>PA  | Zip Code<br>18411  |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>1000.00      |  |
| Name of Employer (for Individual)<br>Scranton Orthopaedic Specialists   | Occupation (for Individual)<br>Orthopaedic Surgeon | <input type="checkbox"/> Memo Item                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | Aggregate Year-to-Date ▼<br>1000.00                |  |

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

**SCHEDULE A (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 101  |
| <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. Petty, Mark, A, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6409 NW 45th Pl  
 City Gainesville State FL Zip Code 32653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Orthopaedic Institute 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 / 12 / 2022  
**Transaction ID : 11466204**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Papp, Derek, F, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 Little Miss Muffett Ln  
 City Key Largo State FL Zip Code 33037-3909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Miami Orthopaedics and Sports Medicine 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 / 12 / 2022  
**Transaction ID : 11466206**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**c. Hendrix, Steven, Talmadge, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2622 Lake Circle  
 City Jackson State MS Zip Code 39211-6742  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2022  
**Transaction ID : 11466208**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 7485 Mission Valley Rd, #104A

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>San Diego | State<br>CA | Zip Code<br>92108 |
|-------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>California Orthopaedic Institute | Occupation (for Individual)<br>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    |   | 12    |   | 2022        |

**Transaction ID : 11466210**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 5867 Whisperwood Ct

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Naples | State<br>FL | Zip Code<br>34110-2301 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Physicians Regional Medical Center - P | Occupation (for Individual)<br>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 |
| 12    |   | 12    |   | 2022        |

**Transaction ID : 11466212**

Amount of Each Receipt this Period  
500.00

Memo Item

**c. Odgers, Charles, Justice, , IV, MD,FAA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 640 Meadow Drive

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>West Chester | State<br>PA | Zip Code<br>19380 |
|----------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Premier Orthopaedics | Occupation (for Individual)<br>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    |   | 12    |   | 2022        |

**Transaction ID : 11466216**

Amount of Each Receipt this Period  
250.00

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 Kyle Dr  
 City Ambler State PA Zip Code 19002-2531  
 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 12 / 13 / 2022  
**Transaction ID : 11466217**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Hogan, MaCalus, Vinson, , MD,MBA,FAA**  
 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  
 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 / 2022  
**Transaction ID : 11466218**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. James, Jeremy, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Briar Hollow St  
 City Covington State LA Zip Code 70433-4511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DISC of Louisiana Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 13 / 2022  
**Transaction ID : 11466219**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Espiritu, Michael, T, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Spanish Bay  
 City North Sioux City State SD Zip Code 57049  
 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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2022  
**Transaction ID : 11466220**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Gallentine, James, W, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2636 High Street  
 City Lincoln State NE Zip Code 68502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nebraska Ortho & Sports Med 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 / 13 / 2022  
**Transaction ID : 11466222**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Brien, Glenn, A, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 Hidden Oaks Dr  
 City Ridgeland State MS Zip Code 39157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Capital Orthopaedic & Sports Medicine 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 / 13 / 2022  
**Transaction ID : 11466224**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1100.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Mariorenzi, Louis, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 84 Bay View Dr  
 City Jamestown State RI Zip Code 02835  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2022  
**Transaction ID : 11466419**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. 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 ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2022  
**Transaction ID : 11466420**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. O'Donovan, Terrence, M, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 615 Maid Marion Hill  
 City Sherwood Forest State MD Zip Code 21405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chesapeake 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  
 12 / 09 / 2022  
**Transaction ID : 11466421**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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<br>Ellicott City | State<br>MD | Zip Code<br>21042 |
|-----------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Centers for Advanced Orthopaedics | Occupation (for Individual)<br>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    |   | 09    |   | 2022        |

**Transaction ID : 11466422**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Cahill, Patrick, John, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 544 Howe Rd

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Merion Station | State<br>PA | Zip Code<br>19066 |
|------------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Children's Hospital of Philadelphia | Occupation (for Individual)<br>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    |   | 13    |   | 2022        |

**Transaction ID : 11466439**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Waldrop, Preston, A, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Knotbreak Rd

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Salem | State<br>VA | Zip Code<br>24153-5404 |
|---------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Virginia Orthopaedic | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11466464**

Amount of Each Receipt this Period  
250.00

Memo Item

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



**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 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,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1005 Millbrook Rd  
 City Berwyn State PA Zip Code 19312-2213  
 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 12 / 14 / 2022  
**Transaction ID : 11466465**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Kim, Stephen, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3183 Powers Ford  
 City Marietta State GA Zip Code 30067  
 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 12 / 14 / 2022  
**Transaction ID : 11466477**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Miller, Benjamin, James, , MD,MS,FAAO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 Sumac Ct  
 City Iowa City State IA Zip Code 52246  
 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 12 / 14 / 2022  
**Transaction ID : 11466600**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2084.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Reddy, Ashok, Satty, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5505 Peachtree Dunwoody Rd Suite 6  
 City Atlanta State GA Zip Code 30319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peachtree Ortho 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  
 12 / 14 / 2022  
**Transaction ID : 11466604**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Schaaf, Adam, Carlton, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 King George Street  
 City Daniel Island State SC Zip Code 29492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Low Country 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 / 14 / 2022  
**Transaction ID : 11466748**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Nam, Denis, , , MD,MSc,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1611 West Harrison Street, Suite 3  
 City Chicago State IL Zip Code 60612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rush University 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  
 12 / 14 / 2022  
**Transaction ID : 11466762**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Kou, Joseph, Xavier, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 162 Saddle Oaks Ct  
 City Walnut Creek State CA Zip Code 94596  
 FEC ID number of contributing federal political 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 **12 / 14 / 2022**  
**Transaction ID : 11466765**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**B. Fowler, T Ty, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1096 Wyandotte Rd  
 City Columbus State OH Zip Code 43212-3244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopedic One Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 14 / 2022**  
**Transaction ID : 11466766**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item

**c. Hartman, Ryan, L, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3423 Rocky Stream Dr  
 City Fort Collins State CO Zip Code 80528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic & Spine Center of the Rock Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 14 / 2022**  
**Transaction ID : 11466768**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>850.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Murray, Douglas, H, , MD,FAOS**  
 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  
 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 12 / 14 / 2022  
**Transaction ID : 11466770**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Burke, Robert, L, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2341 Blue Bonnet Blvd  
 City Houston State TX Zip Code 77030  
 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 / 14 / 2022  
**Transaction ID : 11466777**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Cascio, Brett, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2901 Henderson Bayou Rd  
 City Lake Charles State LA Zip Code 70605  
 FEC ID number of contributing federal political 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 / 14 / 2022  
**Transaction ID : 11466779**  
 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 37 OF 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Girling, Robert, George, , MD, FAAOS**

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

Mailing Address 5 Salado Ridge

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>San Antonio | State<br>TX | Zip Code<br>78217-3363 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Methodist Orthopaedic | Occupation (for Individual)<br>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 |
| 12    |   | 14    |   | 2022      |

**Transaction ID : 11466781**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Weidner, Zachary, David, , MD, FAAOS**

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

Mailing Address 1629 Linway Park Dr

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Mc Lean | State<br>VA | Zip Code<br>22101-4149 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Mount Sinai St. Luke's Roosevelt | Occupation (for Individual)<br>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 |
| 12    |   | 14    |   | 2022      |

**Transaction ID : 11466788**

Amount of Each Receipt this Period  
250.00

Memo Item

**c. Chuinard, Christopher, R, , MD, MPH, F**

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

Mailing Address 4045 W Royal Dr

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Traverse City | State<br>MI | Zip Code<br>49684 |
|-----------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Great Lakes Orthopaedic Center | Occupation (for Individual)<br>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 |
| 12    |   | 14    |   | 2022      |

**Transaction ID : 11466790**

Amount of Each Receipt this Period  
500.00

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Doty, Daniel, H, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3138 Enclave Bay Dr

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Chattanooga | State<br>TN | Zip Code<br>37415-5668 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>UT College of Med Chattanooga | Occupation (for Individual)<br>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  |   | 14  |   | 2022    |

**Transaction ID : 11466792**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Nace, James, , , DO,PT,FAAO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1007 Coachford Ct

|                              |             |                        |
|------------------------------|-------------|------------------------|
| City<br>Lutherville Timonium | State<br>MD | Zip Code<br>21093-1616 |
|------------------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Sinai Hospital-Rubin Institute For Adv | Occupation (for Individual)<br>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 |
| 12  |   | 14  |   | 2022    |

**Transaction ID : 11466795**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Deshmukh, Rahul, Vinod, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 Riverbirch Lane

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Jacksonville | State<br>FL | Zip Code<br>32207 |
|----------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Southeast Orthopaedic Specialists | Occupation (for Individual)<br>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  |   | 14  |   | 2022    |

**Transaction ID : 11466801**

Amount of Each Receipt this Period  
1000.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 101  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Mirrer, Franklin, , , MD,FAOS**

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

Mailing Address 351 Elmgrove Avenue

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Providence | State<br>RI | Zip Code<br>02906 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>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 / 14 / 2022

**Transaction ID : 11466809**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Mesko, J, Wesley, , MD,FAOS**

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

Mailing Address 3404 Patient Care Drive

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Lansing | State<br>MI | Zip Code<br>48911 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>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 / 14 / 2022

**Transaction ID : 11466811**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Youderian, Ari, Robert, , MD,FAOS**

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

Mailing Address 12 Sunswept Mesa

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Aliso Viejo | State<br>CA | Zip Code<br>92656-8074 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>SCOS Orthopedic Specialists | Occupation (for Individual)<br>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 / 2022

**Transaction ID : 11466819**

Amount of Each Receipt this Period  
500.00

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Stem, Eric, S, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 421 Barfield Dr  
 City Summerville State SC Zip Code 29485  
 FEC ID number of contributing federal political 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 / 15 / 2022  
**Transaction ID : 11466821**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Scolaro, John, Alan, , MD,FAAOS,M**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11772 Las Palmas Dr  
 City Santa Ana State CA Zip Code 92705-3118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCI Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2022  
**Transaction ID : 11466822**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Bernholt, David, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3126 Chapel Woods Cv  
 City Germantown State TN Zip Code 38139  
 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 ▼ 500.04

Date of Receipt 12 / 13 / 2022  
**Transaction ID : 11466826**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1041.67 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 13    |   | 2022        |

**Transaction ID : 11466827**

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 1400 S Germantown Road

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Germantown | State<br>TN | Zip Code<br>38138-2205 |
|--------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Campbell Clinic | Occupation (for Individual)<br>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 |
| 12    |   | 13    |   | 2022        |

**Transaction ID : 11466828**

Amount of Each Receipt this Period  
41.67

Memo Item

**C. Campion, Chad, Evan, , MD**

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

Mailing Address Dept of Orthopaedic Surgery  
1400 South Germantown Rd

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Germantown | State<br>TN | Zip Code<br>38138 |
|--------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Univ of TN-Campbell Clinic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 13    |   | 2022        |

**Transaction ID : 11466829**

Amount of Each Receipt this Period  
41.67

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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  
 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 ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2022  
**Transaction ID : 11466830**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

**B. Ford, Marcus, Christopher, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2255 Duntreath Rd  
 City Germantown State TN Zip Code 38139  
 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 ▼ 250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2022  
**Transaction ID : 11466831**  
 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 Drive  
 City Eads State TN Zip Code 38028  
 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 ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2022  
**Transaction ID : 11466832**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 104.18 |
| <b>TOTAL</b> This Period (last page this line 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 43 OF 101  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Guyton, James, L, , MD,FAOS**

Mailing Address 6422 Massey Estates Cove

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38120 |
|-----------------|-------------|-------------------|

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2022

**Transaction ID : 11466833**

Amount of Each Receipt this Period  
 41.67

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Harkess, James, W, , MD,FAOS**

Mailing Address 9566 Fox Hill Circle S

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Germantown | State<br>TN | Zip Code<br>38139 |
|--------------------|-------------|-------------------|

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2022

**Transaction ID : 11466834**

Amount of Each Receipt this Period  
 41.67

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Heck, Robert, Kurt, , Jr, MD, FA**

Mailing Address 4938 Barfield Rd

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2022

**Transaction ID : 11466835**

Amount of Each Receipt this Period  
 41.67

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. 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<br>Bettendorf | State<br>IA | Zip Code<br>52722-7565 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>ORA Orthopaedics | Occupation (for Individual)<br>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    | / | 15    | / | 2022        |

**Transaction ID : 11466838**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Kelly, Derek, Michael, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1458 W Poplar Ave Suite 100

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Collierville | State<br>TN | Zip Code<br>38017 |
|----------------------|-------------|-------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 13    | / | 2022        |

**Transaction ID : 11466839**

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<br>Memphis | State<br>TN | Zip Code<br>38111 |
|-----------------|-------------|-------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
249.96

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 13    | / | 2022        |

**Transaction ID : 11466840**

Amount of Each Receipt this Period  
20.83

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1062.50 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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  
 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 ▼ 249.96

Date of Receipt 12 / 13 / 2022  
**Transaction ID : 11466841**  
 Amount of Each Receipt this Period 20.83  
 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  
 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 ▼ 500.04

Date of Receipt 12 / 13 / 2022  
**Transaction ID : 11466842**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**c. Murphy, Garnett, Andrew, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 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 ▼ 500.04

Date of Receipt 12 / 13 / 2022  
**Transaction ID : 11466843**  
 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 46 OF 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Phillips, Barry, B, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8681 Windrush

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38125 |
|-----------------|-------------|-------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.96

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 13    |   | 2022        |

**Transaction ID : 11466844**

Amount of Each Receipt this Period  
20.83

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<br>Memphis | State<br>TN | Zip Code<br>38112 |
|-----------------|-------------|-------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 13    |   | 2022        |

**Transaction ID : 11466845**

Amount of Each Receipt this Period  
41.67

Memo Item

**C. Rider, Carson, Mills, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2372 Corinne Oak Court

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38119 |
|-----------------|-------------|-------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 13    |   | 2022        |

**Transaction ID : 11466846**

Amount of Each Receipt this Period  
41.67

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 104.17 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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<br>Arlington | State<br>TN | Zip Code<br>38002 |
|-------------------|-------------|-------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 13    |   | 2022        |

**Transaction ID : 11466847**

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<br>Memphis | State<br>TN | Zip Code<br>38117 |
|-----------------|-------------|-------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 13    |   | 2022        |

**Transaction ID : 11466848**

Amount of Each Receipt this Period  
41.67

Memo Item

**c. Sheffer, Benjamin, West, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 281 Ben Avon Way

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Memphis | State<br>TN | Zip Code<br>38111-7702 |
|-----------------|-------------|------------------------|

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 13    |   | 2022        |

**Transaction ID : 11466849**

Amount of Each Receipt this Period  
41.67

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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, Kirk, Michael, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 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 ▼ 249.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2022  
**Transaction ID : 11466850**  
 Amount of Each Receipt this Period  
 20.83  
 Memo Item

**B. Thompson, Norfleet, Buckner, , MD, FAAOS**  
 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  
 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 ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2022  
**Transaction ID : 11466851**  
 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  
 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 ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2022  
**Transaction ID : 11466852**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 104.17 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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  
 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 ▼ 541.71

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2022  
**Transaction ID : 11466853**  
 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 633 Valleybrook Dr  
 City Memphis State TN Zip Code 38120-2707  
 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 ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2022  
**Transaction ID : 11466854**  
 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  
 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 ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2022  
**Transaction ID : 11466855**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Rose, Nicholas, E, , MD,FAOS**  
 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  
 FEC ID number of contributing federal political 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  
 12 / 13 / 2022  
**Transaction ID : 11466886**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Bohsali, Kamal I, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24636 Deer Trace Drive  
 City Ponte Vedra Beach State FL Zip Code 32082  
 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 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2022  
**Transaction ID : 11466887**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**c. Portland, Gregory, H, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 666 Garland Ave  
 City Winnetka State IL Zip Code 60093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) IBJI Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2022  
**Transaction ID : 11466888**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 600.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 101  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Montgomery, William, Kemp, , MD,FAAOS**

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

Mailing Address 7805 Harvest Hill Lane

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>McKinney | State<br>TX | Zip Code<br>75071-7640 |
|------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>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    | / | 13    | / | 2022        |

**Transaction ID : 11466889**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Kofoed, John, Charles, , MD, FAAOS**

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

Mailing Address 2619 Seminole Ct

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Fairfield | State<br>CA | Zip Code<br>94534-7871 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Sutter Medical Group | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1068.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 13    | / | 2022        |

**Transaction ID : 11466890**

Amount of Each Receipt this Period  
89.00

Memo Item

**C. Urrea, Robert, , , MD, FAAOS**

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

Mailing Address 6211 Edgemere Blvd Ste 1

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>El Paso | State<br>TX | Zip Code<br>79925 |
|-----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>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    | / | 15    | / | 2022        |

**Transaction ID : 11466925**

Amount of Each Receipt this Period  
250.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 589.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. DiFelice, Gregory, Scott, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 515 East 72nd Street  
 Apt 28E  
 City New York State NY Zip Code 10021  
 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 ▼ 500.00

Date of Receipt 12 / 15 / 2022  
**Transaction ID : 11466935**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Sachdev, Ranjan, , , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 294 Wedgewood Rd  
 City Bethlehem State PA Zip Code 18017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stewart Health Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 15 / 2022  
**Transaction ID : 11466937**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**c. Murch, Scott, Remo, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 Freedom Way  
 City Wausau State WI Zip Code 54403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Associates of Wausau, SC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 15 / 2022  
**Transaction ID : 11466941**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Nelson, Bradley, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6820 Valley View Road  
 City Edina State MN Zip Code 55439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Minnesota Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 15 / 2022  
**Transaction ID : 11466979**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Laughlin, William, Joseph, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16849 Cherry Bark Dr  
 City Baton Rouge State LA Zip Code 70810-5811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baton Rouge Orthopaedic Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2022  
**Transaction ID : 11466982**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

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

Date of Receipt 12 / 15 / 2022  
**Transaction ID : 11466984**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Cyriac, Mathew, , , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 Girod St Apt 28G  
 City New Orleans State LA Zip Code 70113-1182  
 FEC ID number of contributing federal political 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 / 15 / 2022  
**Transaction ID : 11466988**  
 Amount of Each Receipt this Period  
 250.00  
 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  
 FEC ID number of contributing federal political 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 / 2022  
**Transaction ID : 11466991**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Vaccaro, Alexander, , , MD,PhD,MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1840 Aloha Lane  
 City Gladwyne State PA Zip Code 19035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rothman Orthopaedic 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 / 16 / 2022  
**Transaction ID : 11466993**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <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. Henderson, Christopher, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 Chatham Hill Circle

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Clarks Summit | State<br>PA | Zip Code<br>18411 |
|-----------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Scranton Orthopaedic Specialists | Occupation (for Individual)<br>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    | / | 16    | / | 2022        |

**Transaction ID : 11466995**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Harrod, Christopher, Chambliss, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7425 Bocage Blvd

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Baton Rouge | State<br>LA | Zip Code<br>70809 |
|---------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>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    | / | 16    | / | 2022        |

**Transaction ID : 11467005**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Mollano, Anthony, V, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 163 galloping hill road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Hopkinton | State<br>NH | Zip Code<br>03229 |
|-------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Concord Orthopaedics | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 16    | / | 2022        |

**Transaction ID : 11467007**

Amount of Each Receipt this Period  
1000.00

Memo Item

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (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 101  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. McCoy, Blane, William, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2604 Hidden Canyon Dr  
 City Brecksville State OH Zip Code 44141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOMS/ Southwest Orthopaedic 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 / 15 / 2022  
**Transaction ID : 11467008**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Russell, George, V, , Jr, MD,MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 North Natchez Drive  
 City Madison State MS Zip Code 39110  
 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 ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2022  
**Transaction ID : 11467009**  
 Amount of Each Receipt this Period  
 90.00  
 Memo Item

**C. Jolley, Jay, E, , II, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 281 N Lyerly St Ste 300  
 City Chattanooga State TN Zip Code 37404-2746  
 FEC ID number of contributing federal political 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 / 16 / 2022  
**Transaction ID : 11467023**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2590.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 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, Peter, V, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3140 West Waverly Park  
 City Tampa State FL Zip Code 33629  
 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 ▼ 500.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 11467025**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Dipaolo, Daneca M, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2480 Pryor St  
 City Grenada State MS Zip Code 38901-7914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UMMC/Grenada Hospital Orthopaedic Clin Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 11467028**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Macko, Victor, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2545 W Hammer Ln  
 City Stockton State CA Zip Code 95209-2839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sutter Gould Medical Group Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 16 / 2022  
**Transaction ID : 11467030**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

**SCHEDULE A (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 101  |
| <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. Olsen, Adam, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3686 Washington Street  
 Apt 2520  
 City Boston State MA Zip Code 02130-3691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bringham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 17 / 2022  
**Transaction ID : 11467101**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**B. Kraushaar, Barry, S, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Divot Pl  
 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 ▼ 840.00

Date of Receipt 12 / 17 / 2022  
**Transaction ID : 11467102**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**c. Byck, Dann, Conrad, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1899 27th St  
 City Ogden State UT Zip Code 84403  
 FEC ID number of contributing federal political 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 / 17 / 2022  
**Transaction ID : 11467113**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 376.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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 12 / 18 / 2022  
**Transaction ID : 11467116**  
 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 ▼ 1008.00

Date of Receipt 12 / 19 / 2022  
**Transaction ID : 11467133**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Spelich, Mark, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 8285  
 City Boise State ID Zip Code 83707  
 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 12 / 20 / 2022  
**Transaction ID : 11467875**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Clark, Tyler, Randolph, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 866 Wilmore Avenue  
 City Concord State CA Zip Code 94518-2247  
 FEC ID number of contributing federal political 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 / 20 / 2022  
**Transaction ID : 11467877**  
 Amount of Each Receipt this Period 500.00  
 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 ▼ 1100.00

Date of Receipt 12 / 20 / 2022  
**Transaction ID : 11467881**  
 Amount of Each Receipt this Period 100.00  
 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  
 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 / 2022  
**Transaction ID : 11467882**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 850.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Terry, Cooper, L, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1106 S Lamar Blvd

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Oxford | State<br>MS | Zip Code<br>38655-4732 |
|----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Oxford Orthopaedics | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11468581**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Shen, Wen, , , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 Pond Hills Ct

|                         |             |                        |
|-------------------------|-------------|------------------------|
| City<br>Pleasant Valley | State<br>NY | Zip Code<br>12569-5135 |
|-------------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Orthopedic Associates of Dutchess Coun | Occupation (for Individual)<br>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    |   | 21    |   | 2022        |

**Transaction ID : 11468841**

Amount of Each Receipt this Period  
84.00

Memo Item

**c. Chapman, Cary, B, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10903 Blue Palm Street

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Plantation | State<br>FL | Zip Code<br>33324-8234 |
|--------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Miami Orthopedics & Sports Medicine In | Occupation (for Individual)<br>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    |   | 21    |   | 2022        |

**Transaction ID : 11468842**

Amount of Each Receipt this Period  
84.00

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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<br>Amherst | State<br>NY | Zip Code<br>14226-3422 |
|-----------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Excelsior Orthopedics | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
996.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 21    | / | 2022        |

**Transaction ID : 11468843**

Amount of Each Receipt this Period  
83.00

Memo Item

**B. Dines, David, M, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Highland Ct

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Old Westbury | State<br>NY | Zip Code<br>11568 |
|----------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Hospital for Special Surgery | Occupation (for Individual)<br>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    | / | 21    | / | 2022        |

**Transaction ID : 11468844**

Amount of Each Receipt this Period  
1000.00

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<br>Gulf Breeze | State<br>FL | Zip Code<br>32561-4899 |
|---------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Andrews Institute For Orthopaedics & S | Occupation (for Individual)<br>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    | / | 21    | / | 2022        |

**Transaction ID : 11468845**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1167.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Kassman, Steven, R, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21633 North 55th Drive  
 City Glendale State AZ Zip Code 85308  
 FEC ID number of contributing federal political 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 / 21 / 2022**  
**Transaction ID : 11468847**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Johnson, Paul, G, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18646 Vogel Farm Trail  
 City Eden Prairie State MN Zip Code 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Park Nicollete Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt **12 / 21 / 2022**  
**Transaction ID : 11468849**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Bouvier, Daniel, Patrick, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Swallow Dr  
 City Hollis State NH Zip Code 03049-6291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New Hampshire Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt **12 / 21 / 2022**  
**Transaction ID : 11468851**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 101  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2022  
**Transaction ID : 11469028**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Kayal, Robert, A, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1044 Dogwood Trail  
 City Franklin Lakes State NJ Zip Code 07417  
 FEC ID number of contributing federal political 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 / 21 / 2022  
**Transaction ID : 11469030**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**c. Cafferky, Nathan, , , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 5880  
 City Eagle State CO Zip Code 81631-5880  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vail Summit 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 / 21 / 2022  
**Transaction ID : 11469034**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**SCHEDULE A (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 101  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. 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 ▼ 900.00

Date of Receipt 12 / 22 / 2022  
**Transaction ID : 11469040**  
 Amount of Each Receipt this Period 75.00  
 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) University of New Mexico, Dept of Orth Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 22 / 2022  
**Transaction ID : 11469041**  
 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 6567 Elizabeth Ave  
 City Springdale State AR Zip Code 72762-4143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dwight David Eisenhower Army Medical C Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 22 / 2022  
**Transaction ID : 11469042**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 201.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14244 Calderdale Ln  
 City Strongsville State OH Zip Code 44136  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2022  
**Transaction ID : 11469043**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Ricart, Pedro, A., , MD,MS,FAAO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9712 S 123rd Ave  
 City Papillion State NE Zip Code 68046-4494  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Miller Orthopedic Specialist 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 / 2022  
**Transaction ID : 11469334**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**c. Binder, William, F, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2105 Palmer Drive  
 City Lake Havasu City State AZ Zip Code 86406-8115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lakeside Orthopedic Institute 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 / 2022  
**Transaction ID : 11469936**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

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

**SCHEDULE A (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 101  |
| <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. Moon, Daniel, K, , MD,MBA,MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5997 Beeler St

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Denver | State<br>CO | Zip Code<br>80238 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Colorado School of Medic | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1025.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 23    |   | 2022        |

**Transaction ID : 11469937**

Amount of Each Receipt this Period  
250.00

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<br>Verona | State<br>WI | Zip Code<br>53593 |
|----------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>University of Wisconsin | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11469938**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Bergmann, Karl, Andrew, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7710 Mercy Road, Suite 2000

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Omaha | State<br>NE | Zip Code<br>68124 |
|---------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>CHI Health | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11469939**

Amount of Each Receipt this Period  
250.00

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Friedmann, Elizabeth, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2660B Greenbriar Lane  
 City Annapolis State MD Zip Code 21401-4424  
 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 1008.00

Date of Receipt 12 / 23 / 2022  
**Transaction ID : 11469940**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Palma, Douglas, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 271 White Horse Rd  
 City Cochranville State PA Zip Code 19330-9472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delaware Orthopaedic Specialist Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 12 / 23 / 2022  
**Transaction ID : 11469941**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Navarro, Ronald, Anthony, , MD,FAOS**  
 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  
 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 12 / 24 / 2022  
**Transaction ID : 11470089**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 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,FAOS**  
 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 1008.00

Date of Receipt 12 / 26 / 2022  
**Transaction ID : 11470090**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Stanford Medicine Outpatient Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 12 / 26 / 2022  
**Transaction ID : 11470092**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**c. Scanlon, Christopher, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 506 6th Street  
 City Brooklyn State NY Zip Code 11215-3609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York Presbyterian Brooklyn Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 336.00

Date of Receipt 12 / 26 / 2022  
**Transaction ID : 11470093**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Knudsen, Michael, Lee, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 550 W 45th Street Apt 1503  
 City New York State NY Zip Code 10036  
 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 ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2022  
**Transaction ID : 11470094**  
 Amount of Each Receipt this Period  
 85.00  
 Memo Item

**B. Bercik, Robert, J, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Lana St Apt A  
 City Paia State HI Zip Code 96779  
 FEC ID number of contributing federal political 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  
 12 / 26 / 2022  
**Transaction ID : 11470096**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Smith, Justin, Taylor, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 338 Juniper Bend Cir  
 City Greenville State SC Zip Code 29615-6229  
 FEC ID number of contributing federal political 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  
 12 / 26 / 2022  
**Transaction ID : 11470100**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

**SCHEDULE A (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 101  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Weber, Timothy, G, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5275 N Meridian St  
 City Indianapolis State IN Zip Code 46208  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2022  
**Transaction ID : 11470105**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Cooper, Jerald, L, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7601 W Jefferson Blvd  
 City Fort Wayne State IN Zip Code 46804  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2022  
**Transaction ID : 11470107**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Cordell, Davin, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 Williamson Place  
 City Corpus Christi State TX Zip Code 78411-1515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Center of Corpus Christi 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 / 2022  
**Transaction ID : 11470110**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2022  
**Transaction ID : 11470111**  
 Amount of Each Receipt this Period  
 250.00  
 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 San Antonio State TX Zip Code 78231  
 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 ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2022  
**Transaction ID : 11470112**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Sterba, William, R, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1867 S Wiesbrook Rd  
 City Wheaton State IL Zip Code 60189-7850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NM RMG 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 / 27 / 2022  
**Transaction ID : 11470113**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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



**SCHEDULE A (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 101  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Fowler, John, R., MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 149 Morningside Dr  
 City Cranberry Township State PA Zip Code 16066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Pittsburgh 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 / 27 / 2022  
**Transaction ID : 11470114**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. Gary, Joshua, Layne, MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 951 Descanso Dr  
 City La Canada Flintridge State CA Zip Code 91011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Keck School of Medicine of USC 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 / 2022  
**Transaction ID : 11470163**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Scales, Darrell, Kevin, MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5425 Golf View Dr  
 City Braselton State GA Zip Code 30517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeast Georgia Physicians Group 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 / 28 / 2022  
**Transaction ID : 11470164**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

Mailing Address 1806 Meadow Ridge Ct

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Bethlehem | State<br>PA | Zip Code<br>18015 |
|-------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>St Luke's Ortho Surg Group | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11470165**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Razi, Afshin, , , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Dogwood Road

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Great Neck | State<br>NY | Zip Code<br>11024 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Maimonides Medical Center | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11470167**

Amount of Each Receipt this Period  
250.00

Memo Item

**c. Angel, Jeffery, D, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 180 Westwood Drive

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Batesville | State<br>AR | Zip Code<br>72501 |
|--------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>White River Health System | Occupation (for Individual)<br>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    |   | 28    |   | 2022        |

**Transaction ID : 11470168**

Amount of Each Receipt this Period  
84.00

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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  
 FEC ID number of contributing federal political 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 / 28 / 2022**  
**Transaction ID : 11470169**  
 Amount of Each Receipt this Period **84.00**  
 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  
 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 1008.00

Date of Receipt **12 / 28 / 2022**  
**Transaction ID : 11470170**  
 Amount of Each Receipt this Period **84.00**  
 Memo Item

**C. Bhatnagar, Rishi, , , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14201 Park Center Drive, Suite 410  
 City Laurel State MD Zip Code 20707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Precision Orthopedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 252.00

Date of Receipt **12 / 28 / 2022**  
**Transaction ID : 11470171**  
 Amount of Each Receipt this Period **84.00**  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Cox, Charles, Leonard, , III, MD,MP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4504 Millrace Lane  
 City Nashville State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vanderbilt Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 29 / 2022  
**Transaction ID : 11470340**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Phillips, Frank, M, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 N Wabash Unit 66D  
 City Chicago State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Midwest Orthopaedics At Rush Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 29 / 2022  
**Transaction ID : 11470355**  
 Amount of Each Receipt this Period 1000.00  
 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  
 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 12 / 30 / 2022  
**Transaction ID : 11470964**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Florack, Thomas, M, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2083 Lost Dauphin Rd  
 City De Pere State WI Zip Code 54115-1605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prevea Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2022  
**Transaction ID : 11470967**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Edelstein, David, W, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6504 Pickens St  
 City Houston State TX Zip Code 77007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kelsey Seybold Clinic Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2022  
**Transaction ID : 11470969**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Bieber, Edward, J, , MD,FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7407 Beverly Road  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BCC Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 22 / 2022  
**Transaction ID : 11471292**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (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 101  |
| <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. Wolock, Bruce, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8564 Leisure Hill Dr  
 City Baltimore State MD Zip Code 21208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Towson Orthopaedics Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 22 / 2022  
**Transaction ID : 11471293**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Iannotti, Joseph, P, , MD,PhD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16848 Matisse Dr  
 City Delray Beach State FL Zip Code 33446  
 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 12 / 22 / 2022  
**Transaction ID : 11471294**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Urband, Lindsey, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15066 Almond Orchard Lane Suite 403  
 City San Diego State CA Zip Code 92131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) San Diego Hand Specialists Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt 12 / 02 / 2022  
**Transaction ID : 11473359**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 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, Matthew, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Pembroke Dr

|              |             |                   |
|--------------|-------------|-------------------|
| City<br>Avon | State<br>CT | Zip Code<br>06001 |
|--------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Advanced Orthopaedics New England | Occupation (for Individual)<br>Orthopaedic Surgeon |
|--|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1058.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 02    | / | 2022        |

**Transaction ID : 11473360**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Tabaie, Sean, , , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1219 Delafield PI NW

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Washington | State<br>DC | Zip Code<br>20011 |
|--------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Children's National Medical Center | Occupation (for Individual)<br>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    | / | 2022        |

**Transaction ID : 11473361**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Blotter, Robert, H, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1414 W Fair Ave  
Ste 190

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Marquette | State<br>MI | Zip Code<br>49855 |
|-------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Advanced Center of Orthopedics | Occupation (for Individual)<br>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    | / | 2022        |

**Transaction ID : 11473362**

Amount of Each Receipt this Period  
250.00

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 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, Matthew, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9207 Duncaster Ct

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Brentwood | State<br>TN | Zip Code<br>37027 |
|-------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Vanderbilt Univ-Vanderbilt Ortho Inst | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11473363**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Holmes, Wendell, , , Jr, MD,FAA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Belleclave Rd

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Columbia | State<br>SC | Zip Code<br>29223 |
|------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Palmetto Health | Occupation (for Individual)<br>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    |   | 05    |   | 2022        |

**Transaction ID : 11473364**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Van Thiel, Geoffrey, , , MD,MBA,FAA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 324 Roxbury Road

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Rockford | State<br>IL | Zip Code<br>61107 |
|------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Self Employed | Occupation (for Individual)<br>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 |
| 12    |   | 05    |   | 2022        |

**Transaction ID : 11473365**

Amount of Each Receipt this Period  
150.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 334.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (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 101  |
| <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 San Antonio State TX Zip Code 78231  
 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 ▼ 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2022  
**Transaction ID : 11473366**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Sheehan, John, P, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6621 Cuming St  
 City Omaha State NE Zip Code 68132  
 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 ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2022  
**Transaction ID : 11473367**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. Keeney, James, A, , MD,FAOS**  
 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  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2022  
**Transaction ID : 11473368**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

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

**SCHEDULE A (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 101  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Backe, Henry, A, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 Blackrock Turnpike  
 City Fairfield State CT Zip Code 06825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Orthopaedic Specialty Group PC Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 05 / 2022  
**Transaction ID : 11473369**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Boothby, Michael, Hayden, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 Hidden Lake Ranch Rd  
 City Aledo State TX Zip Code 76008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Ortho & Sports Med Institute Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 05 / 2022  
**Transaction ID : 11473370**  
 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 900 Island Park Drive, Suite 105  
 City Charleston State SC Zip Code 29492  
 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 ▼ 420.00

Date of Receipt 12 / 05 / 2022  
**Transaction ID : 11473371**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

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

**SCHEDULE A (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 101  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Chutkan, Norman, Barrington, , MD,FAOS**

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

Mailing Address 1 E Lexington Ave  
Unit 1404

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Phoenix | State<br>AZ | Zip Code<br>85012 |
|-----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>The CORE Institute | Occupation (for Individual)<br>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    |   | 08    |   | 2022        |

**Transaction ID : 11473374**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. More, Robert, Cameron, , MD, FAOS**

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

Mailing Address 8100 Wescott Drive  
Suite 101

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Flemington | State<br>NJ | Zip Code<br>08822 |
|--------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>MidJersey Orthopaedics | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11473376**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Reed, Lori, K, , MD,FAOS**

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

Mailing Address 107 Klaas Boulevard

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Madison | State<br>MS | Zip Code<br>39110 |
|-----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University of Mississippi Medical Cent | Occupation (for Individual)<br>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 |
| 12    |   | 12    |   | 2022        |

**Transaction ID : 11473377**

Amount of Each Receipt this Period  
84.00

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 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,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 410 Thayer Road

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Swarthmore | State<br>PA | Zip Code<br>19081 |
|--------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Thomas Jefferson Univ Hosp | Occupation (for Individual)<br>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    |   | 12    |   | 2022        |

**Transaction ID : 11473379**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Rubinstein, Michael, P, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27015 Glaramara Lane

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Yorba Linda | State<br>CA | Zip Code<br>92887 |
|---------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Specialty Orthopedic Group | Occupation (for Individual)<br>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    |   | 12    |   | 2022        |

**Transaction ID : 11473380**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Cimino, William, Gerard, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52 Beach Road  
Suite 207

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Fairfield | State<br>CT | Zip Code<br>06824 |
|-------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Beach Road Orthopaedics | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11473381**

Amount of Each Receipt this Period  
84.00

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Rosenberg, Benjamin, N, , MD,FAAOS**

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

Mailing Address 500 Ridge Rd

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Cornwall | State<br>VT | Zip Code<br>05753 |
|------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Porter Hospital | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11473382**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Parsley, Brian, S, , MD,FAAOS,F**

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

Mailing Address 302 Pine Shadows Dr Suite 2400

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Houston | State<br>TX | Zip Code<br>77056 |
|-----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>UT Health Physicians | Occupation (for Individual)<br>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    |   | 13    |   | 2022        |

**Transaction ID : 11473383**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Damalas, Konstantinos, , , MBA**

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

Mailing Address 9400 W Higgins Rd

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Rosemont | State<br>IL | Zip Code<br>60018-4975 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>AAOS | Occupation (for Individual)<br>Chief Operating Officer |
|---|--|

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    |   | 13    |   | 2022        |

**Transaction ID : 11473384**

Amount of Each Receipt this Period  
84.00

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Roberson, Rowland, M, , MD, FAAOS**

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

Mailing Address 641 N Lamar Blvd

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Oxford | State<br>MS | Zip Code<br>38655-3235 |
|----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Specialty Orthopedic Group | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11473387**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Lisella, Jordan, Mills, , MD, FAAOS**

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

Mailing Address 14 Turner Lane

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Loudonville | State<br>NY | Zip Code<br>12211 |
|---------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Capital Region Orthopaedic Group | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11473388**

Amount of Each Receipt this Period  
84.00

Memo Item

**C. Hannon, Charles, Patrick, , MD,MBA**

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

Mailing Address 22 Rio Vista Drive

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Ladue | State<br>MO | Zip Code<br>63124 |
|---------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Washington Univ St Louis | Occupation (for Individual)<br>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 |
| 12    |   | 14    |   | 2022        |

**Transaction ID : 11473389**

Amount of Each Receipt this Period  
84.00

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. King, John, , , MBA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9400 W Higgins Rd

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Rosemont | State<br>IL | Zip Code<br>60018-4974 |
|------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>AAOS | Occupation (for Individual)<br>Chief Information Officer |
|---|--|

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 |
| 12    |   | 14    |   | 2022        |

**Transaction ID : 11473390**

Amount of Each Receipt this Period  
84.00

Memo Item

**B. Laughlin, Richard, T, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9353 Fox Creek Lane

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Mason | State<br>OH | Zip Code<br>45040 |
|---------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Wright State Physicians | Occupation (for Individual)<br>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    |   | 2022        |

**Transaction ID : 11473395**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Culp, Brian, Matthew, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1805 Barclay Blvd

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Princeton | State<br>NJ | Zip Code<br>08540-5891 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Princeton Orthopaedic Associates | Occupation (for Individual)<br>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    |   | 19    |   | 2022        |

**Transaction ID : 11473396**

Amount of Each Receipt this Period  
250.00

Memo Item

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

**SCHEDULE A (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 101  |
| <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. Snyder, Matthew, J, , MD,FAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14912 Chopine Pass

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Roanoke | State<br>IN | Zip Code<br>46783-9308 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>The Orthopedic Hospital of Lutheran He | Occupation (for Individual)<br>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    | / | 21    | / | 2022        |

**Transaction ID : 11473402**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Glusenkamp, Nathan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9400 W Higgins Rd

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Rosemont | State<br>IL | Zip Code<br>60018 |
|------------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>AAOS | Occupation (for Individual)<br>Chief Quality and Registries Officer |
|---|---|

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 |
| 12    | / | 22    | / | 2022        |

**Transaction ID : 11473403**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Mejia, Alfonso, , , MD,MPH,FAA**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5332 South Shore Drive

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Chicago | State<br>IL | Zip Code<br>60615-5708 |
|-----------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Illinois Association of Orthopedic Sur | Occupation (for Individual)<br>Orthopaedic Surgeon |
|---|--|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2016.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 27    | / | 2022        |

**Transaction ID : 11473404**

Amount of Each Receipt this Period  
84.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 384.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 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,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8230 Walnut Hill Ln  
 Ste 708  
 City Dallas State TX Zip Code 75231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1666.70

Date of Receipt 12 / 27 / 2022  
**Transaction ID : 11473405**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**B. Halsey, David, A, , MD,FAOS**  
 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  
 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 2500.00

Date of Receipt 12 / 27 / 2022  
**Transaction ID : 11473406**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Ellis, Henry, Bone, , Jr, MD,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2945 Stanford Ave  
 City Dallas State TX Zip Code 75225  
 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 / 27 / 2022  
**Transaction ID : 11473407**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 500.67 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Shrock, Kevin, B, , MD,FAOS**  
 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fort Lauderdale Orthopaedics 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 / 27 / 2022  
**Transaction ID : 11473408**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. Lange, Jeffrey, K, , MD, FAAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Exeter Street Apt 403  
 City Boston State MA Zip Code 02116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2022  
**Transaction ID : 11473410**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Saucedo, James, Matthew, , MD,MBA,FAA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13802 Centerfield Drive #300  
 City Houston State TX Zip Code 77070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2022  
**Transaction ID : 11473411**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 188.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (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 101  |
| <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. Seaworth, Christine, Marie, , MD,FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 Keowee Ave

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Knoxville | State<br>TN | Zip Code<br>37919 |
|-------------------|-------------|-------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>University Orthopaedic Surgeons | Occupation (for Individual)<br>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    | / | 27    | / | 2022        |

**Transaction ID : 11473412**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Prather, John, T, , MD, FAAOS**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 East Gaston St

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Savannah | State<br>GA | Zip Code<br>31401 |
|------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Chatham Orthopaedic Associates | Occupation (for Individual)<br>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    | / | 2022        |

**Transaction ID : 11473413**

Amount of Each Receipt this Period  
250.00

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<br>Rosemont | State<br>IL | Zip Code<br>60018 |
|------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>AAOS | Occupation (for Individual)<br>Chief Executive Officer |
|---|--|

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    | / | 2022        |

**Transaction ID : 11473414**

Amount of Each Receipt this Period  
84.00

Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Priore, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9400 W Higgins Rd Ste 100  
 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 Marketing Officer  
 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 / 2022  
**Transaction ID : 11473415**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**B. Ortiz, Dionisio, , , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Burton Ln  
 City Albany State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Army 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  
 12 / 28 / 2022  
**Transaction ID : 11473416**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

**C. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Brigham and Women's 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 / 28 / 2022  
**Transaction ID : 11473417**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

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

**SCHEDULE A (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 101               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 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  
 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 12 / 30 / 2022  
**Transaction ID : 11473419**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**B. Bernstein, Jenna, Alysse, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 77 Merwin Ave Unit C  
 City Milford State CT Zip Code 06460  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Yale Medicine Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 436.00

Date of Receipt 12 / 13 / 2022  
**Transaction ID : 11473431**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Watson, Troy, S, , MD,FAOS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 75 Kittansett Loop  
 City Henderson State NV Zip Code 89052-6694  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Desert Orthopaedic Center Occupation (for Individual) Orthopaedic Surgeon  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 0.00

Date of Receipt 12 / 29 / 2022  
**Transaction ID : 11479549**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$0.00

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 168.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 87824.57 |

**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 |   |   | 05 |   |   | 2022 |   |   |   |

FEC Identification Number

C

**Transaction ID : 11475277**

Amount of Each Disbursement this Period

617.16

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 |   |   | 15 |   |   | 2022 |   |   |   |

FEC Identification Number

C

**Transaction ID : 11475278**

Amount of Each Disbursement this Period

115.32

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 |   |   | 05 |   |   | 2022 |   |   |   |

FEC Identification Number

C

**Transaction ID : 11475279**

Amount of Each Disbursement this Period

119.18

Bank fees deducted from account

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

851.66

**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 |   |   | 12 |   |   | 2022 |   |   |   |

FEC Identification Number

C [REDACTED]

**Transaction ID : 11475280**

Amount of Each Disbursement this Period

[REDACTED] 576.68

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 |   |   | 19 |   |   | 2022 |   |   |   |

FEC Identification Number

C [REDACTED]

**Transaction ID : 11475281**

Amount of Each Disbursement this Period

[REDACTED] 1096.79

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 |   |   | 26 |   |   | 2022 |   |   |   |

FEC Identification Number

C [REDACTED]

**Transaction ID : 11475282**

Amount of Each Disbursement this Period

[REDACTED] 475.91

Bank fees deducted from account

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 2149.38

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

[REDACTED] 3001.04

**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. Warnock For Georgia**

Mailing Address PO Box 52227

City  
Atlanta

State  
GA

Zip Code  
30355

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Warnock, Raphael, Gamaliel, Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify) ▼

2022 Georgia General

State: GA

District:

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2022

FEC Identification Number

C C00736876

**Transaction ID : 11446776**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Pat Ryan For Congress**

Mailing Address PO Box 2113

City  
Kingston

State  
NY

Zip Code  
12402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Ryan, Pat, , Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify)

2022 General Electio

State: NY

District: 19

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2022

FEC Identification Number

C C00815290

**Transaction ID : 11446777**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. No Nonsense PAC**

Mailing Address PO Box 68

City  
South Salem

State  
NY

Zip Code  
10590

Purpose of Disbursement  
Malliotakis 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 / 30 / 2022

FEC Identification Number

C C00760397

**Transaction ID : 11446779**

Amount of Each Disbursement this Period

1000.00

Malliotakis LPAC

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. Baker PAC**

Mailing Address PO Box 101

City  
Bayport

State  
NY

Zip Code  
11705

Purpose of Disbursement  
Garbarino 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 |
| 11 |   |   | 30 |   |   | 2022 |   |   |   |

FEC Identification Number

C [ ]

**Transaction ID : 11446780**

Amount of Each Disbursement this Period

[ ] 1000.00

Garbarino LPAC

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of David Schweikert**

Mailing Address 8175 East Evans Road  
# 13176

City  
Scottsdale

State  
AZ

Zip Code  
85267

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Schweikert, David, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify)  
2022 General Electio

State: AZ District: 06

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 30 |   |   | 2022 |   |   |   |

FEC Identification Number

C C00540617

**Transaction ID : 11446781**

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Magaziner For Congress**

Mailing Address 240 Pawtuxet Avenue  
Suite 1440

City  
Cranston

State  
RI

Zip Code  
02905

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Magaziner, Seth, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼  
2022 General Electio

State: RI District: 02

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 11 |   |   | 30 |   |   | 2022 |   |   |   |

FEC Identification Number

C C00802504

**Transaction ID : 11446782**

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. LANK PAC**

Mailing Address PO Box 1639

City Bethany State OK Zip Code 73008

Purpose of Disbursement Lankford LPAC

|               |
|---------------|
| 011           |
| Category/Type |

Candidate Name

|  |  |
|--|--|
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District:   |  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 30    |   | 2022        |

FEC Identification Number

|   |           |
|---|-----------|
| C                                       | C00492058 |
| <b>Transaction ID : 11446783</b>        |           |
| Amount of Each Disbursement this Period |           |
| 5000.00                                 |           |
| Lankford LPAC                           |           |

Memo Item

Full Name (Last, First, Middle Initial)

**B. Motor City PAC**

Mailing Address 611 Pennsylvania Avenue, SE #143

City Washington State DC Zip Code 20003

Purpose of Disbursement Peters LPAC

|               |
|---------------|
| 011           |
| Category/Type |

Candidate Name

|  |  |
|--|--|
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District:   |  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 30    |   | 2022        |

FEC Identification Number

|   |           |
|---|-----------|
| C                                       | C00507574 |
| <b>Transaction ID : 11446785</b>        |           |
| Amount of Each Disbursement this Period |           |
| 1000.00                                 |           |
| Peters LPAC                             |           |

Memo Item

Full Name (Last, First, Middle Initial)

**C. DOCS PAC**

Mailing Address PO Box 26141

City Alexandria State VA Zip Code 22313

Purpose of Disbursement Marshall LPAC

|               |
|---------------|
| 011           |
| Category/Type |

Candidate Name

|  |  |
|--|--|
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: District:   |  |

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    |   | 30    |   | 2022        |

FEC Identification Number

|   |           |
|---|-----------|
| C                                       | C00632323 |
| <b>Transaction ID : 11446786</b>        |           |
| Amount of Each Disbursement this Period |           |
| 5000.00                                 |           |
| Marshall LPAC                           |           |

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

|          |
|----------|
| 11000.00 |
|          |

**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. Brian Fitzpatrick For All Of Us**

Mailing Address PO Box 939

City  
Langhorne

State  
PA

Zip Code  
19047

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Fitzpatrick, Brian, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 12 |   |   | 06 |   |   | 2022 |   |   |   |

FEC Identification Number

**C** C00607416

**Transaction ID : 11450847**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Montana Red**

Mailing Address 410 1st Street, SE, 2nd Floor

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Daines 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 |
| 12 |   |   | 06 |   |   | 2022 |   |   |   |

FEC Identification Number

**C** C00739003

**Transaction ID : 11450848**

Amount of Each Disbursement this Period

1500.00

Daines LPAC

Memo Item

Full Name (Last, First, Middle Initial)

**C. Restoring Our Nation (RON PAC)**

Mailing Address 611 Pennsylvania Ave, SE  
#396

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Estes 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 |
| 12 |   |   | 06 |   |   | 2022 |   |   |   |

FEC Identification Number

**C** C00649525

**Transaction ID : 11450849**

Amount of Each Disbursement this Period

2500.00

Estes LPAC

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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. Continuing America's Strength and Security

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Cassidy 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 : 11450850**

Amount of Each Disbursement this Period

Cassidy LPAC

Memo Item

Full Name (Last, First, Middle Initial)

### B. Arkansas for Leadership PAC

Mailing Address 901 N. Washington Street  
#700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Boozman 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 : 11450851**

Amount of Each Disbursement this Period

Boozman LPAC

Memo Item

Full Name (Last, First, Middle Initial)

### C. Idaho Conservative Growth Fund

Mailing Address 5263 Pocosin Lane

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Crapo 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 : 11450852**

Amount of Each Disbursement this Period

Crapo LPAC

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. Freedom Fund**

Mailing Address 251 East Front Street

City Boise State ID Zip Code 83702

Purpose of Disbursement  
Void - Freedom Fund

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 |
| 12    | / | 07    | / | 2022      |

FEC Identification Number

C C00390674

**Transaction ID : 11465721**

Amount of Each Disbursement this Period

|           |
|-----------|
| - 1500.00 |
|-----------|

Void - Freedom Fund

Memo Item

Full Name (Last, First, Middle Initial)

**B. Velvet Hammer PAC**

Mailing Address PO Box 14362

City St Paul State MN Zip Code 55114

Purpose of Disbursement  
Smith 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 |
| 12    | / | 15    | / | 2022      |

FEC Identification Number

C C00692111

**Transaction ID : 11466898**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Smith LPAC

Memo Item

Full Name (Last, First, Middle Initial)

**C. Magaziner For Congress**

Mailing Address 240 Pawtuxet Avenue Suite 1440

City Cranston State RI Zip Code 02905

Purpose of Disbursement  
Void - Magaziner For Congress

011

Category/  
Type

Candidate Name

**Magaziner, Seth, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: RI District: 02

2022 General Electio

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    | / | 20    | / | 2022      |

FEC Identification Number

C C00802504

**Transaction ID : 11473264**

Amount of Each Disbursement this Period

|           |
|-----------|
| - 2500.00 |
|-----------|

Void - Magaziner For Congress

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

|           |
|-----------|
| - 2500.00 |
|-----------|

|          |
|----------|
| 32000.00 |
|----------|