24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E) PAGE 1 OF 1 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic FEC IDENTIFICATION NUMBER ▼	
SurgeonsPAC of AAOS	C C00343137
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee Mammen Group, Inc	Date of Public Distribution/Dissemination
	08 / 18 / Y Y Y Y Y
Mailing Address 1901 L Street, N.W.	Amount
City State Zip Code	53784.50
Washington DC 20036	Transaction ID: 6320616 Date of Disbursement or Obligation
Purpose of Expenditure 3 weeks of radio in Tucson Market Category/ Type	011
Name of Federal Candidate Su	pport Office Sought: X House District: 02
Ronald Barber Op	pose President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	
Name of Federal Candidate Su	pport Office Sought: House District:
Op	pose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	53784.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	53784.50
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
William J. Robb III, MD [Electronically Filed]	Date 08 20 2014
Signature	