FEC FORM 3X	RE AN	PORT ( ID DISE Other Than A	BURSE		s		Office Use Only	
1. NAME OF COMMITTEE (in full		E OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M	[5	
Political Action C	ommittee	of the Ame	rican Assoc	iation of (	Orthopaed	dic Surgeo	onsPAC of	
ADDRESS (number and st Check if different than previously	nt	7 Massachusetts	Aye., N.E.					
reported. (ACC)		ashington					20002	-
2. FEC IDENTIFICATI	ION NUMBE	ER 🔻 _	CITY <b>A</b>		S		ZIP CO	
C C00343137			3. IS THIS REPORT		NEW N) <b>OR</b>	<b>x</b> (A)	/IENDED )	
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Report</li> <li>April 15 Quarterly R</li> <li>July 15 Quarterly R</li> <li>October 15 Quarterly R</li> </ul>	s: eport (Q1) eport (Q2)	b) Monthly Report Due On: (C) 12-Day PRE-Elec Report fo		Primary (12P Convention (	12C)	Sep	(12S)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
X January 31 Year-End R July 31 Mid		(d) 00 D	Election on	M M /		Y . Y . Y . Y	State of	of
Report (Nor Year Only)	n-election (MY)	(d) 30-Day POST-Ele Report fo		General (300	ā)	Runoff (3	30R)	Special (30S)
Termination (TER)	кероп		Election on	M = M /	D D /	Y Y Y Y Y	in the State o	of
5. Covering Period	M M /	29 / Y	2016	through	12	/ D D / 31	2016	
I certify that I have exam Type or Print Name of T	Lu	port and to the undy, W, , Dougla		wledge and b	pelief it is true	e, correct and	d complete.	
Signature of Treasurer	Lundy, W, ,	Douglas, MD, MB.	4	[Electronically	v Filed] Da	ate 02		2017 Y
NOTE: Submission of false	e, erroneous,	or incomplete int	formation may su	bject the pers	son signing thi	is Report to th	he penalties of 52	U.S.C. § 30109
Office Use Only							FEC FOR Rev. 05/2	

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x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

R	eport Covering the Period: From:	1 29 2016 To	2: 12 / D D / Y Y Y Y Y 31 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		788449.05
	(b) Cash on Hand at Beginning of Reporting Period	557375.75	
	(c) Total Receipts (from Line 19)	54830.93	1297270.62
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	612206.68	2085719.67
7.	Total Disbursements (from Line 31)	1223.11	1474736.10
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	610983.57	610983.57
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Report Covering the Period: From:	29 / Y Y Y Y 2016 To	b: 12 / D D / Y Y Y Y 31 2016	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From:     (a) Individuals/Persons Other     Than Political Committees			
(i) Itemized (use Schedule A)	49958.83	1141498.64	
(ii) Unitemized	3854.00	124159.32	
(iii) TOTAL (add Lines 11(a)(i) and (ii)►	53812.83	1265657.96	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
<ul> <li>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)</li> </ul>	53812.83	1265657.96	
. Transfers From Affiliated/Other Party Committees	0.00	0.00	
. All Loans Received	0.00	0.00	
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	997.68	23373.16	
to Federal Candidates and Other Political Committees	0.00	7000.00	
Other Federal Receipts     (Dividends, Interest, etc.)     Transfers from Non-Federal and Levin Funds	20.42	1239.50	
(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	
. Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))▶	54830.93	1297270.62	
. Total Federal Receipts			

(subtract Line 18(c) from Line 19)......▶

54830.93

	1297270.62
	1201210.02
_	 

I

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	1223.11	23605.03
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	1223.11	23605.03
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	1104925.00
Independent Expenditures (use Schedule E)	0.00	294409.88
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
	0.00	1600.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(such as PACs)	0.00	0.0
<ul> <li>(d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	0.00	1600.00
Other Disbursements (Including Non-Federal Donations)	0.00	50196.19
Federal Election Activity (52 U.S.C. § 30101	47. 47. 47.	
(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
-		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	1223.11	1474736.10
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1223.11	1474736 40
		1474736.10

L

#### **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	53812.83	1265657.96
34. Total Contribution Refunds (from Line 28(d))	0.00	1600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53812.83	1264057.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1223.11	23605.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	997.68	23373.16
38. Net Operating Expenditures (subtract Line 37 from Line 36)	225.43	231.87

S	CHEDULE A (FEC Form 3X)		,	lea conarata cohodula(a)	-	E NUMBER:	PAGE 6 OF 58
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the		(check or		
				Detailed Summary Page	▲ 11a 13	11b	11c 12 15 16 17
	y information copied from such Reports and Sta						soliciting contributions
or	for commercial purposes, other than using the	name and a	lddre	ess of any political committee	to solicit c	ontributions f	from such committee.
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an	Association of Ortho	napdia	Suracon	
	Folitical Action Committee of the	America			paeule	Surgeon	
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rgar	ization Name			
Α.	Petrosini, Anthony, V, , MD				Date	of Receipt	
	Mailing Address 310 Passaic Ave	11	M / D C 29	2016			
	City	State		Zip Code	Trar	saction ID :	8397538
	Spring Lake	NJ		07762-1341	Amou	nt of Each R	Receipt this Period
	FEC ID number of contributing	С					2000.00
	federal political committee.	U					
	Name of Employer (for Individual)	Оссі	upati	ion (for Individual)	n l	Memo Item	
	Self Employed	Orth	nopa	edic Surgeon			
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼			
	Other (specify)	2000.00					
			-				
_	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rgar	ization Name	_	of Receipt	
В.	Nord, Russell, M, , MD						
	Mailing Address 1335 Oakhurst Ave	M 11	M / D D 30	2016			
	City	State		Zip Code	Tran	saction ID :	8402384
	Los Altos	CA		94024	Amou	nt of Each R	Receipt this Period
	FEC ID number of contributing	С					100.00
	federal political committee.	0					- Ap Ap
	Name of Employer (for Individual)		•	ion (for Individual)		Memo Item	
	Washington Township Medical Group Receipt For:		•	edic Surgeon	_		
	Primary General	Aggregate	Yea	r-to-Date ▼			
	Other (specify)	300.00					
			,				
C	Full Name of Individual (Last, First, Middle Initia Hessing, Jeffrey, Glenn, , MD	al) or Full O	rgar	ization Name	Date	of Receipt	
0.	Mailing Address 6748 N Double Eagle Ln						
					11	30	2016
	City Meridian	State ID		Zip Code 83646-5190		saction ID :	
			_	03040-3130	Amou	nt of Each R	Receipt this Period
	FEC ID number of contributing federal political committee.	С					1000.00
						Memo Item	
	Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon				Merrie Renn	
	Receipt For:	Aggregate	-	-	-		
	Primary General	.99.094.0					
	Other (specify)	<u> </u>	-	1000.00			
s	UBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·		<b>L</b>			3100.00
H							

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

FEC Schedule A (Form 3X) Rev. 06/2016

1.

FOR LINE NUMBER:

PAGE 7 OF

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)	
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Political Action Committee of the	e America	n Association of Ortho	opaedic SurgeonsPAC of AAOS	
Α.	Full Name of Individual (Last, First, Middle Initi Foster, W, Stanley, , MD Mailing Address 108 Valerie Dr	ial) or Full Or	ganization Name	Date of Receipt	
	City	State	Zip Code	Transaction ID : 8402388	
	Lafayette	LA	70508-6008	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		84.00	
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item	
	Lafayette General Health Ventures	Ortho	ppaedic Surgeon		
	Receipt For:	Aggregate	/ear-to-Date ▼		
	Primary General		504.00	1	
	Other (specify) ▼		584.00		
В.	Full Name of Individual (Last, First, Middle Initi Dugdale, Thomas, W, , MD	ial) or Full Or	ganization Name	Date of Receipt	
	Mailing Address 135 Steep Hollow Dr			11 30 2016	
	City	State	Zip Code	Transaction ID : 8402391	
	Glastonbury	CT	06033	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		1000.00	
	Name of Employer (for Individual) Orthopaedic Associates of Hartford		pation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 1000.00	]	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Sprague, Kevin, Joseph, , MD	ial) or Full Or	ganization Name	Date of Receipt	
	Mailing Address 4573 Chelsea Ln			M M / D D / Y Y Y Y 11 30 2016	
	City	State	Zip Code	Transaction ID : 8402395	
	Bloomfield Hills	MI	48301	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		1000.00	
	Name of Employer (for Individual) Henry Ford Wyandotte Hospital		pation (for Individual) paedic Surgeon	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 1000.00	]	
s	UBTOTAL of Receipts This Page (optional)		•••••	2084.00	
т	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 58
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)           ✗         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of t	the American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Kristensen, Ronald, M, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1735 N Claremont Dr	State Zip Code	11 30 2016 Transaction ID : 8402397
Boise	ID 83702-3006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) St. Luke's Regional Medical Ctr	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	_
Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middle B. Sherbondy, Paul, Strawn, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 507 Beaumont Drive		M M / D D / Y Y Y Y 12 01 2016
City	State Zip Code	Transaction ID : 8402398
State College	PA 16801-8311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) Penn State	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	1008.00	
Full Name of Individual (Last, First, Middle C. Rungee, James, L, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2802 Pavilion Pl		M M / D D / Y Y Y Y 12 01 2016
City Murfreesboro	StateZip CodeTN37129-0828	Transaction ID : 8402399 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Tennessee Ortho Alliance	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional).	·	484.00
TOTAL This Period (last page this line numb	er only)	

FEC Schedule A (Form 3X) Rev. 06/2016

FOR LINE NUMBER:

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ITI	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Mather, Richard, C, , III, MD Mailing Address 115 Watts St	l) or Full Or	ganization Name	Date of Receipt
	City	State NC	Zip Code	Transaction ID : 8402400
	Durham FEC ID number of contributing federal political committee.	C	27701-2034	Amount of Each Receipt this Period 85.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Duke University Medical Center	Orth	opaedic Surgeon	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	
P	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	ganization Name	Data of Descript
В.	Mollano, Anthony, V, , MD Mailing Address 163 Galloping Hill Rd			Date of Receipt
				12 01 2016
	City	State	Zip Code	Transaction ID : 8402401
	Hopkinton	NH	03229-3401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual) Concord Orthopaedics		ipation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) <b>v</b>		, 2000.00	
C.	Full Name of Individual (Last, First, Middle Initia Early, John, S, , MD	l) or Full Or	ganization Name	Date of Receipt
	Mailing Address 8210 Walnut Hill Ln Ste 130			M M / D D / Y Y Y Y 12 01 2016
	City	State	Zip Code	Transaction ID : 8402402
	Dallas	TX	75231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Texas Orthopaedic Associates	Ortho	ppaedic Surgeon	
		Aggregate	Year-to-Date 🔻	
	Other (specify)		4000.00	
s	UBTOTAL of Receipts This Page (optional)			2085.00
т	OTAL This Period (last page this line number on	ly)	•	

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 OF 58
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         ▲         11a       11b         11b       11c         12         13       14         15       16         17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and address of any political committee	e to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle I A. Collins, Paul, Calvin, , MD Mailing Address 613 W Sandstone Ct City Boise FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General	State     Zip Code       ID     83702-6509       C     Occupation (for Individual)       Orthopaedic Surgeon       Aggregate Year-to-Date ▼	Date of Receipt
U Other (specify) ▼ Full Name of Individual (Last, First, Middle I B. Murphy, Kevin, James, , MD Mailing Address 6228 SW Sweetbriar Court City	Initial) or Full Organization Name	Date of Receipt 12 12 12 12 12 12 12 1
Portland         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Sports Medicine Oregon         Receipt For:         Primary       General Other (specify) ▼	OR     97221       C     Occupation (for Individual) Orthopaedic Surgeon       Aggregate Year-to-Date ▼       250.00	Amount of Each Receipt this Period
Full Name of Individual (Last, First, Middle I         Pedlow, Frank, X, Jr, MD         Mailing Address 23 Ridgeway Ln         City         Boston         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify)	Initial) or Full Organization Name          State       Zip Code         MA       02114         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         1000.00       1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	er only)	2250.00

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	he America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I A. Latimer, Earl, A, , III, MD Mailing Address 115 E 19th St City Roswell FEC ID number of contributing	Initial) or Full Or State NM	Zip Code 88201-5151	Date of Receipt 11 30 2016 Transaction ID : 8403029 Amount of Each Receipt this Period 250.00
federal political committee.          Name of Employer (for Individual)         SCOR, PC         Receipt For:         Primary       General         Other (specify) ▼	Occu	pation (for Individual) opaedic Surgeon Year-to-Date ▼ 250.00	Memo Item
B. Hull Name of Individual (Last, First, Middle I B. McBride, G, Grady, , MD Mailing Address 1530 Palmer Ave	Initial) or Full Or	zganization Name	Date of Receipt
Winter Park         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Orlando Orthopaedic Center         Receipt For:         Primary       General         Other (specify) ▼	FL C Occu Orth	32789-2751 apation (for Individual) opaedic Surgeon Year-to-Date ▼ 600.00	Transaction ID : 8403030 Amount of Each Receipt this Period
C. Full Name of Individual (Last, First, Middle I C. Calfee, Michael, David, , MD Mailing Address 1720 E Reelfoot Ave, Suite	,	ganization Name	Date of Receipt
City Union City FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State TN	Zip Code 38261-6049	Transaction ID : 8403054 Amount of Each Receipt this Period 500.00 Memo Item
Self Employed Receipt For: Primary General Other (specify)	Ortho	paedic Surgeon Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			850.00

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 58 (check only one)
	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
/		paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Chase, John, R, , MD Mailing Address 813 Suwanee Court	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	12 01 2016 Transaction ID : 8403239
Maitland	FL 32751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Jewett Orthopaedic Clinic	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name of Individual (Last, First, Middle I 3. Colville, Mark, R, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2375 NW Overton St		M M / D D / Y Y Y Y 12 01 2016
City Portland	State Zip Code OR 97210	Transaction ID : 8403932 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer (for Individual) Northwest Surgical Specialists	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	1000.00	
Full Name of Individual (Last, First, Middle I Kwong, Louis, M, , MD		Date of Receipt
Mailing Address 1000 W Carson Street, Box		12 02 2016
City Torrance	StateZip CodeCA90509	Transaction ID : 8403933 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).	·····	1350.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle         A.       Uppal, Renny, , , MD         Mailing Address 1730 Sharpe Hill Circle         City         Reno         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Reno Orthopedic Clinic         Receipt For:         Primary       General         Other (specify)	State NV C	Zip Code 89523-3924 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 1008.00	Date of Receipt 12 02 2016 Transaction ID : 8403934 Amount of Each Receipt this Period 84.00 Memo Item
Full Name of Individual (Last, First, Middle B. Schafer, Michael, F, , MD Mailing Address 1815 W Ridgewood Lane		- -	Date of Receipt
City Glenview FEC ID number of contributing federal political committee. Name of Employer (for Individual) Northwestern Univ Medical School	State     Zip Code       IL     60025       C     Occupation (for Individual)       Orthopaedic Surgeon		Transaction ID : 8404958         Amount of Each Receipt this Period         1000.00         Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	]
Full Name of Individual (Last, First, Middle         Wyatt, Ronald, W B, , MD         Mailing Address       533 Carleton Way	initial) or Full C	rganization Name	Date of Receipt
City Alamo	State CA	Zip Code 94507	Transaction ID : 8418402           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	Orth	upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 1200.00	100.00
SUBTOTAL of Receipts This Page (optional).			1184.00

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 OF 58 (check only one)
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         17
	d Statements may not be sold or used by any p the name and address of any political committee	
/		opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Eckrich, Stephen, G J, , MD Mailing Address 5511 Shooting Star Trail	Initial) or Full Organization Name	Date of Receipt
City Rapid City	State Zip Code SD 57702	12 03 2016 Transaction ID : 8418403
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 83.50
Name of Employer (for Individual) Black Hills Orthopaedic & Spine Receipt For:	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1002.00	]
Full Name of Individual (Last, First, Middle <b>Krueger, Chad, A, , MD</b> Mailing Address 208 Sundew Court	Initial) or Full Organization Name	Date of Receipt
City Southern Pines	State Zip Code NC 28387	12     03     2016       Transaction ID : 8418405       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	84.00
Name of Employer (for Individual) US Army	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00	]
Full Name of Individual (Last, First, Middle Bercik, Robert, J, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1445 Raritan Rd	State Zip Code	12 03 2016 Transaction ID : 8418407
Clark FEC ID number of contributing federal political committee.	NJ 07066-1230	Amount of Each Receipt this Period
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	]
SUBTOTAL of Receipts This Page (optional).	·····	267.50
TOTAL This Period (last page this line number	er only)	

FEC Schedule A (Form 3X) Rev. 06/2016

Lisa congrata schodula(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ir A. Gray, Robert, Raphael Leggon, , MD	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 620 Country Ln		
City Glencoe	State IL	Zip Code 60022-2017	Transaction ID : 8418409           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Northshore Univ Healthsystem Receipt For: Primary General Other (specify) ▼	Orth	upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 500.00	Memo Item
B. Full Name of Individual (Last, First, Middle In Garner, Richard, W, , MD Mailing Address 7201 E. Chester Heights Circ	-	rganization Name	Date of Receipt
City Anchorage	State AK	Zip Code 99504-3563	Transaction ID : 8418410 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Anchorage Fracture & Ortho Clinic		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	I	Year-to-Date  935.00	]
Full Name of Individual (Last, First, Middle Ir C. Hinchey, John, William, , MD	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 126 Normandy Ave			M M / D D / Y Y Y Y 12 04 2016
City San Antonio	State TX	Zip Code 78209	Transaction ID : 8418411 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self Employed		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00	]
SUBTOTAL of Receipts This Page (optional)			835.00

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

SCHEDULE A (FEC Form 3X)		[	Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 OF 58	
ITEMIZED RECEIPTS			for each category of the	(check only one)	
			Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17	
Ar	ny information copied from such Reports and Sta	tements ma	y not be sold or used by any p		
	for commercial purposes, other than using the n				
$\backslash$	NAME OF COMMITTEE (In Full)				
$ \rangle$	Political Action Committee of the	America	an Association of Ortho	opaedic SurgeonsPAC of AAOS	
<u>/</u>	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name		
Α.	Rozbruch, S, Robert, , MD	Date of Receipt			
	Mailing Address 519 East 72nd Street, Suite 204	M = M / D = D / Y = Y = Y			
	City	State	Zip Code	12 04 2016	
	City New York	NY	10021-4028	Transaction ID : 8418428	
		<u> </u>		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		100.00	
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item	
	Hospital for Special Surgery		opaedic Surgeon		
	Descipt For:		Year-to-Date V		
	Primary General			1	
	Other (specify)		450.00		
	Full Name of Individual (Last First Middle Initia	I) or Full Or	appization Namo		
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lintecum, Neal, D, , MD			Date of Receipt	
	Mailing Address 789 N 1500 Road	M M / D D / Y Y Y Y			
		12 05 2016			
	City Lawrence	State KS	Zip Code 66049-9194	Transaction ID : 8418429	
			00049-9194	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		100.00	
		0	un a timer (fan de alle i de a l)	Memo Item	
	Name of Employer (for Individual) Ortho Kansas		ipation (for Individual) opaedic Surgeon		
	Receipt For:		Year-to-Date V	—	
	Primary General	, iggi oguto		1	
	Other (specify)		, 1200.00	1	
	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	manization Name		
C.	Allard, Mark, Michael, , MD	Date of Receipt			
	Mailing Address 3010 Cortney Circle			M = M / D = D / Y = Y = Y	
	City	State	Zip Code	12 05 2016	
	Siloam Springs	AR	72761	Transaction ID : 8418430 Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	С		84.00	
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item	
	Northwest Medical Center		ppaedic Surgeon		
	Receipt For:	Aggregate `	Year-to-Date V		
	Primary General		1008.00	1	
	Other (specify)		1000.00	1	
s	UBTOTAL of Receipts This Page (optional)			284.00	
$\vdash$			-		

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

FEC Schedule A (Form 3X) Rev. 06/2016

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FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the r			person for the purpose of soliciting contributions
$\Big\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Abrutyn, David, A, , MD	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 20 Pitney Court	12 05 2016		
	City Basking Ridge	State NJ	Zip Code 07920-2150	Transaction ID : 8418431           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Summit Medical Group		ipation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1008.00	]
в.	Full Name of Individual (Last, First, Middle Initia Kofoed, John, Charles, , MD	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 2619 Seminole Ct	12 05 / Y Y Y Y 2016		
	City Fairfield	State CA	Zip Code 94534-7871	Transaction ID : 8419932 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Sutter Medical Group		upation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00	]
С.	Full Name of Individual (Last, First, Middle Initia Westin, George, W, , MD	al) or Full Oi	ganization Name	Date of Receipt
	Mailing Address 2488 N California St	12 / D D / Y Y Y Y 12 05 2016		
	City Stockton	State CA	Zip Code 95204	Transaction ID : 8419933 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer (for Individual) Alpine Orthopedic Medical Group		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]
s	UBTOTAL of Receipts This Page (optional)			1168.00
Т	OTAL This Period (last page this line number of	nly)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 OF 58 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) Political Action Committee of the	ne American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ir A. Salamon, Peter, B, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 6950 Cumberland Place	State Zip Code	12 / 05 / 2016 Transaction ID : 8419934
Stockton	CA 95219-3241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Alpine Orthopaedic Medical Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle Ir Eager, Steven, , , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2488 N California St	12 05 / Y Y Y Y 2016	
City Stockton	State Zip Code CA 95204-5508	Transaction ID : 8419935 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual) Alpine Orthopaedic Medical Group	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle Ir Leung, Vincent, C L, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2488 N California St	12 / D D / Y Y Y Y 12 05 / 2016	
City Stockton	StateZip CodeCA95204-5508	Transaction ID : 8419936 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	·	3000.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form 3X)			Lloo concrete cohedule(-)	FOR LINE NUMBER: PAGE 19 OF 58	
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)	
			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
	y information copied from such Reports and Sta			erson for the purpose of soliciting contributions	
	for commercial purposes, other than using the n	ame and a	ddress of any political committee	e to solicit contributions from such committee.	
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	opaedic SurgeonsPAC of AAOS	
<u>/</u>	Full Name of Individual (Last, First, Middle Initia	l) or Full O	ganization Name		
Α.	Le, Anh, X, , MD	Date of Receipt			
	Mailing Address 3650 Gleneagles Dr	12 05 2016			
	City	State CA	Zip Code	Transaction ID : 8419994	
	Stockton	CA	95219	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		1000.00	
	Name of Employer (for Individual)	Осси	pation (for Individual)	Memo Item	
	Alpine Orthopedic Medical Group	Orth	opaedic Surgeon		
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Other (specify) V		1000.00	1	
				1	
	Full Name of Individual (Last, First, Middle Initia Cahill, Edward, L, , MD	l) or Full O	ganization Name	Date of Receipt	
	Mailing Address 2488 N California St	M = M / D = D / Y = Y = Y			
		State Zin Code			
	City Stockton	State CA	Zip Code 95204-5508	Transaction ID : 8419995	
	FEC ID number of contributing		00204 0000	Amount of Each Receipt this Period	
	federal political committee.	С		1000.00	
		0.00	unation (for Individual)	Memo Item	
	Name of Employer (for Individual) Alpine Orthopaedic Medical Group		ipation (for Individual) opaedic Surgeon		
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify) <b>v</b>		, 1000.00	1	
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	ganization Name		
	Kawaguchi, Alan, T, , MD			Date of Receipt	
	Mailing Address 5121 Doverton Dr	12 / D D / Y Y Y Y 2016			
	City Stockton	State CA	Zip Code 95219	Transaction ID : 8419996	
	FEC ID number of contributing			Amount of Each Receipt this Period	
	federal political committee.	С		1000.00	
	Name of Employer (for Individual) Alpine Orthopedic Medical Group		pation (for Individual) opaedic Surgeon	Memo Item	
		Aggregate	Year-to-Date 🔻		
	Primary General		1600.00	1	
	Other (specify)			1	

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

1 49 1 1 49 1 1 49 1

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         ✗       11a         11b       11c         13       14         15       16         17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	-		nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middl A. Winter, Roland, H, , MD	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5660 E Acorn Ct			M M / D D / Y Y Y Y 12 05 2016
City Stockton	State CA	Zip Code 95212	Transaction ID : 8419997 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Alpine Orthopaedic Medical Group		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	]
B. Hull Name of Individual (Last, First, Middl Murata, Gary, T, , MD Mailing Address 3334 Schooner Dr	e Initial) or Full O	rganization Name	Date of Receipt
			12 05 / Y Y Y Y 2016
City Stockton	State CA	Zip Code 95219-4564	Transaction ID : 8419998 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Alpine Orthopaedic Medical Group		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]
Full Name of Individual (Last, First, Middl C. Alegre, Gary, , , MD	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4356 Spyglass Dr			12 / D D / Y Y Y Y 12 05 2016
City Stockton	State CA	Zip Code 95219-1294	Transaction ID : 8419999 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Alpine Orthopedic Medical Group		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]
SUBTOTAL of Receipts This Page (optiona	l)		3000.00

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

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1. 

SCHEDULE A (FEC Form 3)	Use separate schedule				
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page				
		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of	Orthopaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Middl A. Ferrero, Gregg, A, , MD	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 8865 Locust Grove Drive	Mailing Address 8865 Locust Grove Drive				
City Port Tobacco	StateZip CodeMD20677	Transaction ID : 8420001 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Self Employed         Receipt For:         Primary       General         Other (specify) ▼	Orthopaedic Surgeon Aggregate Year-to-Date ▼ 600.0	00			
Full Name of Individual (Last, First, Middl <b>3.</b> Aamlid, Brian, C, , MD	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 1210 W 18th Street Ste G	Mailing Address 1210 W 18th Street Ste G01				
City Sioux Falls	State Zip Code SD 57104	Transaction ID : 8420004 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer (for Individual) Sanford Health	Occupation (for Individual) Orthopaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.	00			
c. Green, Daniel, William, , MD	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Green, Daniel, William, , MD				
Mailing Address 535 E 70th St		12 07 Y Y Y Y Y Y			
City New York	StateZip CodeNY10021	Transaction ID : 8420188 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	175.00			
Name of Employer (for Individual) Hospital for Special Surgery	Occupation (for Individual) Orthopaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2100.	00			
SUBTOTAL of Receipts This Page (optiona	l)	525.00			

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

SCHEDULE A (FEC Form 3X)		Lise senarate schedule(a)	FOR LINE NUMBER: PAGE 22 OF 58	
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)	
			13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	ne America	an Association of Ortho	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle In A. Ruark, Randall, J, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 200 Broken Rock Road			12 05 / Y Y Y Y 12 05 2016	
City	State	Zip Code	Transaction ID : 8420601	
Hamilton	GA	31811	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		100.00	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
Self Employed		nopaedic Surgeon	-	
Receipt For:	Aggregate	Year-to-Date ▼	-	
Primary General	, iggi oguto		1	
Other (specify) ▼	L	700.00		
Full Name of Individual (Last, First, Middle In B. Kilkenny, Thomas, E, , Jr, MD	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kilkenny, Thomas, E, , Jr, MD			
Mailing Address 4 Lookout Dr	12 05 2016			
City	State	Zip Code	Transaction ID : 8420602	
Ukiah	CA	95482-6353	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		250.00	
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item	
Receipt For:	Aggregate	Year-to-Date V		
Primary General Other (specify) ▼		250.00	]	
Full Name of Individual (Last, First, Middle In c. Askin, Stanley, Robert, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 44 Hawkswell Cir				
City	State	Zip Code	Transaction ID : 8420605	
Oreland	PA	19075-1420	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		250.00	
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon		Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]	
SUBTOTAL of Receipts This Page (optional)			600.00	

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one)	
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions	
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	In Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle Initia A. Bass, Robert, L, , MD Mailing Address 5721 Salisbury		_	-	Date of Receipt	
	City	State TX	Zip Code	Transaction ID : 8420606	
	Prosper		75078	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item	
	UTSW Med School	Orthopaedic Surgeon			
	Receipt For:	Aggregate `	Year-to-Date 🔻		
	Primary General		050.00	1	
	Other (specify) <b>v</b>		250.00		
в.	Full Name of Individual (Last, First, Middle Initi AI-Fahl, Mohammed-Tarek, , , MD	al) or Full Or	ganization Name	Date of Receipt	
	Mailing Address 9715 Stonecross Bend Dr	12 05 2016			
	City	State	Zip Code	Transaction ID : 8420643	
	Houston	TX	77070	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	· · · · · · · · · · · · · · · · · · ·			
	Name of Employer (for Individual) Texas Orthopaedics & Sports Medicine		pation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 250.00	]	
<u></u> с.	Full Name of Individual (Last, First, Middle Initi Rosenzweig, Seth, , , MD	al) or Full Or	ganization Name	Date of Receipt	
	Mailing Address 500 N Lewis Ste 280	12 05 / Y Y Y Y 12 12 105			
	City	State	Zip Code	Transaction ID : 8420644	
	New Iberia	LA	70563	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer (for Individual) Legacy Medical Group		pation (for Individual) opaedic Surgeon	Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 250.00	]	
s	UBTOTAL of Receipts This Page (optional)			750.00	
т	OTAL This Period (last page this line number o	nly)			

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 OF 58 (check only one)		
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
	Statements may not be sold or used by any per he name and address of any political committee			
		paedic SurgeonsPAC of AAOS		
Full Name of Individual (Last, First, Middle I Judd, Kyle, T, , MD Mailing Address 601 Elmwood Avenue	nitial) or Full Organization Name	Date of Receipt		
Box 665		12 05 2016		
City	State Zip Code	Transaction ID : 8420646		
Rochester	NY 14642	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For:	Aggregate Year-to-Date ▼			
Primary     General       Other (specify) ▼	500.00			
Full Name of Individual (Last, First, Middle I <b>3.</b> Rovner, Aron, D, , MD	nitial) or Full Organization Name	Date of Receipt		
Mailing Address 80 Riverside Blvd, Apt 6C		M M / D D / Y Y Y Y 12 05 2016		
City	State Zip Code	Transaction ID : 8420647		
New York	NY 10069-0307	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	127.00		
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For:	Aggregate Year-to-Date ▼			
Other (specify) ▼	254.00			
Full Name of Individual (Last, First, Middle I Angel, Jeffery, D, , MD	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Angel, Jeffery, D, , MD			
Mailing Address 501 Virginia Dr Ste C		12 08 2016		
City Batesville	StateZip CodeAR72501-7331	Transaction ID : 8421215 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	84.00		
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1008.00			
SUBTOTAL of Receipts This Page (optional)	·····	711.00		
TOTAL This Period (last page this line number	er only) 🕨			

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A (FEC Form 3X)	) [	Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 OF 58			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)           ✗         11a         11b         11c         12           13         14         15         16         17			
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Political Action Committee of t	the America	n Association of Ortho	ppaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Middle Clain, Michael, R, , MD	Initial) or Full Org	ganization Name	Date of Receipt			
Mailing Address 9 Indian Head Rd 	State	Zip Code	12 09 2016 Transaction ID : 8423289			
Riverside	СТ	06878	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		84.00			
Name of Employer (for Individual) ONS		pation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Y	∕ear-to-Date ▼ 1008.00				
Full Name of Individual (Last, First, Middle B. Paxton, E, Scott, , MD	Initial) or Full Org	ganization Name	Date of Receipt			
Mailing Address 78 Alfred Drowne Rd			M M / D D / Y Y Y Y 12 09 2016			
City	State	Zip Code	Transaction ID : 8423296			
Barrington	RI	02806	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer (for Individual) Self Employed		pation (for Individual) opaedic Surgeon	Memo Item			
Receipt For:	Aggregate Y	'ear-to-Date ▼				
Primary General Other (specify) ▼		350.00				
C. Lundy, Gordon, C, , MD	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lundy, Gordon, C, , MD					
Mailing Address 2100 Webster St Ste 117			12 09 / Y Y Y Y 2016			
City San Francisco	State CA	Zip Code 94115	Transaction ID : 8423297 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		84.00			
Name of Employer (for Individual) Branick Medical Corp		pation (for Individual) paedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify)	rimary General General					
SUBTOTAL of Receipts This Page (optional).		•	418.00			
TOTAL This Period (last page this line number	er only)	••••••				

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 26 OF 58			
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17			
Any information copied from such Reports and s or for commercial purposes, other than using th					
NAME OF COMMITTEE (In Full)		opaedic SurgeonsPAC of AAOS			
Full Name of Individual (Last, First, Middle In A. Webber, Anthony, E, , MD	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 55 Old Farm Rd	State Zip Code	12 10 2016 Transaction ID : 8423811			
Newton	MA 02459	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	]			
Full Name of Individual (Last, First, Middle In B. Badia, Alejandro, , , MD	itial) or Full Organization Name	Date of Receipt			
	Mailing Address 3650 NW 82nd Ave Ste 103				
City Doral	State Zip Code FL 33166-6662	Transaction ID : 8423814			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 84.00			
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Other (specify)	, 924.00	]			
Full Name of Individual (Last, First, Middle In C. Alberta, Francis, G, , MD	hitial) or Full Organization Name	Date of Receipt			
Mailing Address 539 Bennington Terrace		12 / D D / Y Y Y Y 2016			
City Ridgewood	State Zip Code NJ 07450-2001	Transaction ID : 8427986			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 84.00			
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1008.00	]			
SUBTOTAL of Receipts This Page (optional)		418.00			
TOTAL This Period (last page this line number	r only)				

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 27 OF

58

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Image: Concern only one)       Image: The second one of the second one second one of the second one of the second one of the second one
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any per name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Ini         Thompson, Matthew, Michael, , MD         Mailing Address 3727 Albemarle St NW         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Precision Orthopaedic Specialties         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         DC       20016         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼	Date of Receipt
Full Name of Individual (Last, First, Middle Ini         B.       Hussain, Suleman, M, , MD         Mailing Address 2300 53rd Street, Suite #100         City         Bettendorf         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Self Employed         Receipt For:         Primary       General Other (specify) ▼	tial) or Full Organization Name          State       Zip Code         IA       52722-7565         C       Occupation (for Individual)         Orthopaedic Surgeon       Orthopaedic Surgeon         Aggregate Year-to-Date ▼       1008.00	Date of Receipt
Full Name of Individual (Last, First, Middle Ini C. Bercik, Michael, J, , MD Mailing Address 711 Westminster Ave City Elizabeth FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	tial) or Full Organization Name          State       Zip Code         NJ       07208-2210         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼	Date of Receipt          12       14       2016         Transaction ID : 8428483       Amount of Each Receipt this Period         500.00       Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		834.00

SCI	HEDULE A (FEC Form 3X)					FOR LINE NUMBER: PAGE 28 OF 58			
ITE	TEMIZED RECEIPTS		for each category of the			(check only one) ▼ 11a 11b 11c 12			
			Det	ailed Summary Page	13				
	information copied from such Reports and Sta								
<u> </u>	r commercial purposes, other than using the	name and a	laaress	of any political committee	to solicit o	contributions 1	rom such committee.		
	AME OF COMMITTEE (In Full) Political Action Committee of the	America	an A	ssociation of Ortho	paedic	Surgeon	sPAC of AAOS		
	ull Name of Individual (Last, First, Middle Initi Schmaltz, Harry, , , MD	al) or Full O	rganiza	ation Name	Date	of Receipt			
	lailing Address PO Box 702 113 Waverly Rd				M 12	2 14	2016		
	ity Vaverly	State PA		p Code 18471		nsaction ID :			
_				10471	Amou	unt of Each F	leceipt this Period		
	EC ID number of contributing deral political committee.	С					1000.00		
N	ame of Employer (for Individual)	Occ	upatior	(for Individual)		Memo Item			
	cranton Orthopaedic Specialists	Orth	nopaed	ic Surgeon					
R	eceipt For:	Aggregate	Year-te	o-Date 🔻					
	Primary General Other (specify) ▼	· · · ·		1000.00					
			-	1000.00					
	ull Name of Individual (Last, First, Middle Initi Noordsij, Peter, G, , MD	Date	of Receipt						
	lailing Address PO Box 1909			2016					
C	ity	State Zip Code				nsaction ID :			
Ν	lew London	NH	(	03257			leceipt this Period		
	EC ID number of contributing deral political committee.	C					400.00		
	ame of Employer (for Individual) oncord Orthopaedics	Occupation (for Individual) Orthopaedic Surgeon				Memo Item			
R	eceipt For:	Aggregate	Year-te	o-Date ▼	_				
	Primary General Other (specify) ▼		<b>,</b>	400.00					
	ull Name of Individual (Last, First, Middle Initi Samuelson, Thomas, S, , MD	al) or Full O	rganiza	ation Name	Date	of Receipt			
_	lailing Address 12101 Catalina St				M				
C	ity	State	Zi	p Code	Tra	insaction ID :	8428569		
_L	eawood	KS	6	6209	Amou	unt of Each F	leceipt this Period		
	EC ID number of contributing deral political committee.	С							
К	ame of Employer (for Individual) ansas City Bone & Joint		•	r (for Individual) c Surgeon		Memo Item			
R	eceipt For:	Aggregate	Year-te	o-Date ▼	_				
	Primary General Other (specify)			375.00					
SUI	BTOTAL of Receipts This Page (optional)			•	Ē		1775.00		

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

SCHEDULE A (FEC Form 3X)		Lico constato cohodulo(s)	FOR LINE NUMBER: PAGE 29 OF 58	
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)	
Any information copied from such Reports and or for commercial purposes, other than using th				
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he America	an Association of Orth	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle I <b>A.</b> Dzwinyk, Jaroslaw, B, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 5215 N California Ave #804			12 15 / Y Y Y Y 12 15	
City Chicago	State IL	Zip Code 60625-7014	Transaction ID : 8428576 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		84.00	
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
Swedish Covenant Medical Group		nopaedic Surgeon		
Receipt For:	Aggregate	Year-to-Date ▼	_	
Other (specify) ▼		756.00	]	
Full Name of Individual (Last, First, Middle I B. Snyder, Matthew, J, , MD	II Name of Individual (Last, First, Middle Initial) or Full Organization Name Snyder, Matthew, J,, MD			
Mailing Address 14115 Pendeleton Mills Ct	Date of Receipt			
City	State	Zip Code	Transaction ID : 8429891	
Fort Wayne	IN	46814-8802	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		85.00	
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item	
Receipt For:	Aggregate	Year-to-Date 🔻		
Primary     General       Other (specify) ▼		680.00	]	
Full Name of Individual (Last, First, Middle I C. Raut, Sourendra, Sean, , MD	nitial) or Full O	rganization Name	Date of Receipt	
Mailing Address 2450 Copper Mill Trail			M M / D D / Y Y Y Y 12 18 2016	
City Cumming	State GA	Zip Code 30041-4909	Transaction ID : 8431899	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 84.00	
Name of Employer (for Individual) Resurgens Orthopaedics		upation (for Individual) opaedic Surgeon	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 840.00	]	
SUBTOTAL of Receipts This Page (optional)			253.00	

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

FEC Schedule A (Form 3X) Rev. 06/2016

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions ere to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	f the Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middl         A.       Abboud, Joseph, A, , MD         Mailing Address 726 Conestoga Rd         City         Bryn Mawr         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Rothman Institute         Receipt For:         Primary       General         Other (specify) ▼	State PA C Occ Orti	Zip Code 19010 upation (for Individual) nopaedic Surgeon Year-to-Date ▼ 2000.00	Date of Receipt          12       18       2016         Transaction ID : 8431902         Amount of Each Receipt this Period         1000.00         Memo Item
Full Name of Individual (Last, First, Middl B. Shah, Roshan, P., , MD, JD Mailing Address 610 West 110th Street Apt 3E City New York FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed	State NY C	Zip Code 10025-2105	Date of Receipt 12 19 2016 Transaction ID : 8431957 Amount of Each Receipt this Period 84.00 Memo Item
Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middl C. Coles, Robert, E, , MD		Year-to-Date ▼ 840.00 Prganization Name	Date of Receipt
Mailing Address 201 Lands End Rd City Morehead City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Carteret Surgical Associates Receipt For: Primary General Other (specify)	Orth	Zip Code 28557-8943	Amount of Each Receipt this Period  Memo Item
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,		1168.00

FOR LINE NUMBER: PAGE 31 OF

58

IT	EMIZED RECEIPTS		l f	Jse separate schedule(s) or each category of the Detailed Summary Page	l `_	eck on 11a 13		e) 11b 14	11c 15	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	an	Association of Ortho	pa	edic S	Surg	geons	sPA	C of	AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Epps, Howard, R, , MD Mailing Address 1936 Wroxton Road	al) or Full O	rgai	nization Name		Date o		ceipt	/ Y	Y	YY
	City Houston	State TX		Zip Code 77005					3432818 eceipt th		
	FEC ID number of contributing federal political committee.	С						<b>y</b>		25	50.00
	Name of Employer (for Individual) Baylor College of Medicine Receipt For:	Orth	nopa	tion (for Individual) aedic Surgeon ur-to-Date ▼		M	emo	Item			
	Primary General Other (specify) ▼		7	1000.00							
в.	Full Name of Individual (Last, First, Middle Initia Thorpe, Michael, A, , MD Mailing Address 2979 Squalicum Pkwy Ste 203	al) or Full O	Irgai	nization Name	_	Date o		D D	/ Y	Ŷ	Y Y
	City Bellingham	State WA		Zip Code 98225-1813		12     01     2016       Transaction ID : 8432825       Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С				<u> </u>		<b>y</b>		50	00.00
	Name of Employer (for Individual) Self Employed		Occupation (for Individual) Orthopaedic Surgeon				emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	gregate Year-to-Date ▼ 1000.00								
C.	Full Name of Individual (Last, First, Middle Initia Berg, Jeffrey, H, , MD Mailing Address 1860 Town Center Dr Ste 300	al) or Full O	Irgai	nization Name	_	Date o		ceipt	/ Y	Y	YY
	City Reston			Zip Code 20190	_				8432827 eceipt th		_
	FEC ID number of contributing federal political committee.	С				<u> </u>		y	,	25	50.00
Town Center Ortho Associates			iopa	ion (for Individual) edic Surgeon		N	lemo	Item			
	Primary General Other (specify)	Aggregate	gregate Year-to-Date ▼ 500.00								
s	UBTOTAL of Receipts This Page (optional)			•				9	9	100	00.00
Т	OTAL This Period (last page this line number or	nly)		<b></b>				,	-		-

FOR LINE NUMBER:

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IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)         ✗       11a       11b       11c       12         13       14       15       16       17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Political Action Committee of the	America	In Association of Orthe	opaedic SurgeonsPAC of AAOS
Α.	Full Name of Individual (Last, First, Middle Initia Moon, Bryan, Scott, , MD Mailing Address 1026 Split Elm Drive	al) or Full Or	ganization Name	Date of Receipt
	City Missouri City	TX	77459-7542	Transaction ID : 8432831
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 84.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Self Employed	Ortho	ppaedic Surgeon	
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼		420.00	]
в.	Full Name of Individual (Last, First, Middle Initia Blotter, Robert, H, , MD	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 1414 W Fair Ave Ste 190	12 05 / Y Y Y Y 12 05 2016		
	City	State	Zip Code	Transaction ID : 8432833
	Marquette	MI	49855-2693	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Advanced Center for Orthopaedics		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼		, 1750.00	]
с.	Full Name of Individual (Last, First, Middle Initia Parsley, Brian, S, , MD	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 5420 West Loop South, Ste 240			12 05 / Y Y Y Y 2016
	City	State	Zip Code	Transaction ID : 8432834
	Bellaire	TX	77401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer (for Individual) Baylor College of Medicine		pation (for Individual) opaedic Surgeon	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 840.00	]
s	UBTOTAL of Receipts This Page (optional)			418.00
Т	OTAL This Period (last page this line number o	nly)		· · · · · · · · · · · · · · · · · · ·

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for e	ach category of the iled Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of the	e American As	sociation of Orthe	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Init         Vessely, Michael, B, , MD         Mailing Address 522 Second St         City         Lake Oswego         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Willamette Valley Hospital         Receipt For:         Primary         General         Other (specify) ▼	State Zip OR 9	Code 7034 (for Individual) Surgeon	Date of Receipt
Full Name of Individual (Last, First, Middle Init         B. Delanois, Ronald, Emilio, , MD         Mailing Address 6 Brookfield Garth         City         Lutherville Timonium         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Sinai Medical Center         Receipt For:         Primary       General         Other (specify) ▼	State Zip MD 21	Code 1093-4700 (for Individual) c Surgeon	Date of Receipt 12 05 2016 Transaction ID : 8432839 Amount of Each Receipt this Period 500.00 Memo Item
Full Name of Individual (Last, First, Middle Init Killian, John, Thomas, , MD Mailing Address 314 Sterrett Ave City Birmingham FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	State Zip AL 35	Code i209-5135 (for Individual) Surgeon	Date of Receipt           12       06       2016         Transaction ID : 8432843       Amount of Each Receipt this Period         250.00       Memo Item
SUBTOTAL of Receipts This Page (optional)			834.00

SC	HEDULE A (FEC Form 3X)		Line apparate schedule(s)	FOR LINE NUMBER: PAGE 34 OF 58			
ITE	MIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
				erson for the purpose of soliciting contributions			
<u> </u>	or commercial purposes, other than using the	name and a	ddress of any political committee	e to solicit contributions from such committee.			
	IAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	opaedic SurgeonsPAC of AAOS			
	Full Name of Individual (Last, First, Middle Initi Keeney, James, A, , MD	al) or Full O	rganization Name	Date of Receipt			
_	Nailing Address 1106 Shallow Ridge Circle			M M / D D / Y Y Y Y 12 06 2016			
	Dity	State	Zip Code	Transaction ID : 8432844			
_	Columbia	MO	65201	Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	С		250.00			
Ā	lame of Employer (for Individual)	Осси	upation (for Individual)	Memo Item			
_	Iniversity of Missouri	Orth	nopaedic Surgeon				
F	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		1000.00	1			
				1			
	ull Name of Individual (Last, First, Middle Initi Sheehan, John, P, , MD	al) or Full O	rganization Name	Date of Receipt			
N	Nailing Address 6621 Cuming St	M M / D D / Y Y Y Y 12 06 2016					
C	Dity	State	Zip Code	Transaction ID : 8432845			
_	Omaha	NE	68132	Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	С		84.00			
	Name of Employer (for Individual) Boys Town Hospital		upation (for Individual) nopaedic Surgeon	Memo Item			
F	Receipt For:	Aggregate	Year-to-Date V				
	Other (specify) ▼		, , 840.00	]			
		al) or Full O	rganization Name	Date of Receipt			
-	Aailing Address 25 Olmstead Lane			12 07 2016			
	City Ridgefield	State CT	Zip Code 06877-5506	Transaction ID : 8432846 Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	С		500.00			
	lame of Employer (for Individual) Connecticut Family Orthopaedics		upation (for Individual) opaedic Surgeon	Memo Item			
F	Receipt For:		Year-to-Date ▼				
	Primary General Other (specify)		750.00	]			
SU	BTOTAL of Receipts This Page (optional)			834.00			

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

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FOR LINE NUMBER:

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58

ITE	MIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 13 14	11c 12 15 16 17	
	information copied from such Reports and Sta r commercial purposes, other than using the r					
	AME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Orth	opaedic Surgeor	sPAC of AAOS	
<b>A</b>	ull Name of Individual (Last, First, Middle Initia Granberry, William, M, , MD ailing Address PO Box 20765	l) or Full Or		Date of Receipt		
	ity Iouston	State TX	Zip Code 77225-0765	Transaction ID Amount of Each I	: 8432847 Receipt this Period	
	EC ID number of contributing deral political committee.	С			250.00	
В	ame of Employer (for Individual) one & Joint Clinic	Ortho	pation (for Individual) opaedic Surgeon	Memo Item		
н	eceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1000.00			
	ull Name of Individual (Last, First, Middle Initia Russell, George, V, , Jr, MD	ll) or Full Or	ganization Name	Date of Receipt		
N	ailing Address 102 Hawthorne Vale			12 19 2016		
	ity lidgeland	State Zip Code MS 39157		Amount of Fach	: <b>8432865</b> Receipt this Period	
F	EC ID number of contributing deral political committee.	С			85.00	
	ame of Employer (for Individual) MMC		pation (for Individual) opaedic Surgeon	Memo Item		
R	eceipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1020.00			
	ull Name of Individual (Last, First, Middle Initia Schneider, Charles, P, , MD	l) or Full Or	ganization Name	Date of Receipt		
_	ailing Address 856 W Ashbourne Dr			12 / D		
	ity Fagle	State ID	Zip Code 83616	Transaction ID Amount of Each I	: 8432866 Receipt this Period	
	EC ID number of contributing deral political committee.	С		, .	250.00	
S	Name of Employer (for Individual) Self Employed Receipt For:		pation (for Individual) opaedic Surgeon	Memo Item		
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00			
SU	<b>3TOTAL</b> of Receipts This Page (optional)		)		585.00	
то	FAL This Period (last page this line number or	ıly)				

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ITEMIZED RECEIPTS	for each category Detailed Summar	/ of the
Any information copied from such Repo or for commercial purposes, other than	rts and Statements may not be sold or use using the name and address of any politic	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committe	e of the American Association	of Orthopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, I         Bruneau, Pierre, Andre, , MD         Mailing Address 8 Cross River Road         City         Mount Kisco         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         US Navy         Receipt For:         Primary       General         Other (specify) ▼	Aiddle Initial) or Full Organization Name         State       Zip Code         NY       10549         C       Occupation (for Individua         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         1       1	Date of Receipt  Date of Receipt  12 20 2016 Transaction ID : 8433275  Amount of Each Receipt this Period  250.00 Memo Item
B. Shen, Wen, , , MD Mailing Address 33 Pond Hills Ct	Middle Initial) or Full Organization Name	Date of Receipt
City Pleasant Valley FEC ID number of contributing federal political committee. Name of Employer (for Individual) Ortho Assoc of Dutchess County Receipt For: Primary General Other (specify) ▼	State NY     Zip Code 12569       C     Occupation (for Individua Orthopaedic Surgeon       Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00 Al) Memo Item
C. Full Name of Individual (Last, First, M C. Cooper, Scott, Snow, , MD Mailing Address 407 NW A St City	Middle Initial) or Full Organization Name	Date of Receipt
Bentonville         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Mercy Clinic Orthopaedics         Receipt For:         Primary       General	AR 72712-5216 C Occupation (for Individua Orthopaedic Surgeon Aggregate Year-to-Date	Amount of Each Receipt this Period       al)     Memo Item
	tional)	

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle         A.       Owen, K, Kip, , MD         Mailing Address 5111 N 10th St # 268         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed	State TX C	rganization Name Zip Code 78504-2835 upation (for Individual)	Date of Receipt          12       20       2016         Transaction ID : 8433278         Amount of Each Receipt this Period         250.00         Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	]
Full Name of Individual (Last, First, Middle         B.       Whitney, Frank, Eugene, , MD         Mailing Address PO Box 39	Date of Receipt		
City Chinese Camp FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Employed Receipt For:	Orth	Zip Code 95309 upation (for Individual) nopaedic Surgeon Year-to-Date ▼	Transaction ID : 8434212         Amount of Each Receipt this Period         1000.00         Memo Item
C. Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle C. Chandler, David, R, , MD Mailing Address 165 Middle Plantation Ln	Initial) or Full O	rganization Name	Date of Receipt
City Gulf Breeze FEC ID number of contributing federal political committee.	State FL	Zip Code 32561-4899	Transaction ID : 8434330       Amount of Each Receipt this Period       85.00
Name of Employer (for Individual) Self Employed Receipt For: Primary General Other (specify)	Orth	upation (for Individual) opaedic Surgeon Year-to-Date ▼ 1020.00	Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			1335.00

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page			(check only one)
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of t	he Americ	an Association of Orth	nopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Taunton, Michael, J, , MD	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 5045 Connemara Drive NE			M M / D D / Y Y Y Y 12 21 2016
City Rochester	State MN	Zip Code 55906-2024	Transaction ID : 8434331 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Mayo Foundation		upation (for Individual) hopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	
Full Name of Individual (Last, First, Middle Stoeckl, Andrew, , , MD	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 90 Fairlawn Dr			12 21 Y Y Y Y Y 12 21 2016
City Amherst	State NY	Zip Code 14226-3422	Transaction ID : 8434332 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		83.33
Name of Employer (for Individual) Excelsior Orthopaedics		upation (for Individual) hopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , , 749.97	
Full Name of Individual (Last, First, Middle C. Chapman, Cary, B, , MD	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 51 Flagg Court			M M / D D / Y Y Y Y 12 21 2016
City Staten Island	State NY	Zip Code 10304-1157	Transaction ID : 8434333 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00	
SUBTOTAL of Receipts This Page (optional).			252.33

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

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A (FEC Form 3X	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 OF 58
ITEMIZED RECEIPTS		for each category of the	(check only one)
		Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions
	the name and a	ddress of any political committe	ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	the America	an Accordiation of Orth	opposite Surgeopo, DAC of AAOS
	ine America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name	
A. Cannada, Lisa, K, , MD			Date of Receipt
Mailing Address 12872 Willow Pond Court			12 21 2016
City	State	Zip Code	Transaction ID : 8434334
Saint Louis	MO	63131-2158	Amount of Each Receipt this Period
FEC ID number of contributing	C		84.00
federal political committee.	C		04.00
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
St Louis University	Orth	opaedic Surgeon	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		504.00	
			-
Full Name of Individual (Last, First, Middle		rganization Name	
B. Yaszemski, Michael, J, , MD, PhD	)		Date of Receipt
Mailing Address 2806 15th Ave SW			12 21 2016
City	State	Zip Code	Transaction ID : 8434613
Rochester	MN	55902	Amount of Each Receipt this Period
FEC ID number of contributing	С		500.00
federal political committee.	U		
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Mayo Clinic	Orthopaedic Surgeon		
Receipt For: Aggregate Year-to-		Year-to-Date ▼	
Other (specify) ▼			
		, 500.00	
Full Name of Individual (Last, First, Middle C. Mansfield, David, J, , MD	Initial) or Full O	rganization Name	Data of Respirit
Mailing Address 1720 Murchison			Date of Receipt
			12 22 2016
City	State	Zip Code	Transaction ID : 8434728
El Paso	TX	79902-2921	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		84.00	
·			
Name of Employer (for Individual)		upation (for Individual)	Memo Item
El Paso Orthopaedic Surg Group Receipt For:		opaedic Surgeon Year-to-Date ▼	
Primary General	Ayyreyale		
Other (specify)		1016.00	
<b></b>			
SUBTOTAL of Receipts This Page (optional)			668.00

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

FEC Schedule A (Form 3X) Rev. 06/2016

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS for each category of the		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
			13     14     15     16     17       berson for the purpose of soliciting contributions       to collicit contributions from such committee
	g the name and a	doress of any political committe	ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee o	f the Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Midd A. McCulloch, Patrick, T, , MD	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 12 Caley Drive	01-1-		12 / 22 / Y Y Y Y 12 22 2016
City Canonsburg	State PA	Zip Code 15317-5990	Transaction ID : 8434729           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer (for Individual) Advanced Orthopaedics & Rehabilitation		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1
		AND 1 AND 1 AND 1	1
Full Name of Individual (Last, First, Midd B. More, Robert, Cameron, , MD	le Initial) or Full C	Irganization Name	Date of Receipt
Mailing Address 8100 Wescott Drive <u>Suite 101</u> City	State	Zip Code	12 / D D / Y Y Y Y 22 2016
Flemington	NJ	08822-4671	Transaction ID : 8434731 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) MidJersey Orthopaedics		upation (for Individual) nopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00	]
Full Name of Individual (Last, First, Midd C. Kennedy, Thomas, C, , MD	le Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1106 Pecks Canyon			12 / D D / Y Y Y Y 12 22 2016
City Yakima	State WA	Zip Code 98908	Transaction ID : 8434785 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer (for Individual) Orthopedics Northwest		upation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]
SUBTOTAL of Receipts This Page (optional	al)		1168.00
TOTAL This Period (last page this line nur	nber only)		

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page			(check only one) <b>X</b> 11a         11b         11c         12         13         14         15         16         17	
	information copied from such Reports and Stat or commercial purposes, other than using the n			
\ \	IAME OF COMMITTEE (In Full) Political Action Committee of the	America	an Association of Ortho	paedic SurgeonsPAC of AAOS
A	full Name of Individual (Last, First, Middle Initial Scales, Darrell, Kevin, , MD Mailing Address 2000 Tee Dr	) or Full O	rganization Name	Date of Receipt
ī	Dity	State	Zip Code	12 23 2016 Transaction ID : 8435493
	Braselton	GA	30517-4078	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		
۸	lame of Employer (for Individual)	Occu	upation (for Individual)	Memo Item
5	Self Employed	Orth	opaedic Surgeon	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	
	ull Name of Individual (Last, First, Middle Initial Hartsock, Langdon, A, , MD	) or Full O	rganization Name	Date of Receipt
-	Mailing Address 188 Tradd Street			12 24 2016
Ō	Dity	State Zip Code		Transaction ID : 8435997
_	Charleston	SC	29401-1818	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		84.00
	Jame of Employer (for Individual) Iedical University of South Carolina		upation (for Individual) nopaedic Surgeon	Memo Item
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1008.00	
	ull Name of Individual (Last, First, Middle Initial Torres, Daniel, , , MD	) or Full O	rganization Name	Date of Receipt
_	Aailing Address 7303 Offats Point Cir			12 24 2016
	City	State	Zip Code	Transaction ID : 8435998
_	Galveston	TX	77551-1229	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		85.00
5	lame of Employer (for Individual) Self Employed			
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 935.00	
su	BTOTAL of Receipts This Page (optional)		<b>&gt;</b>	269.00
то	TAL This Period (last page this line number on	ly)	•••••	

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page			(cneck only one)	
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and ac	y not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) Political Action Committee of	the America	an Association of Orthe	opaedic SurgeonsPAC of AAOS	
Full Name of Individual (Last, First, Middle         Malone, Stephen, L, , MD         Mailing Address 923 Westover Rd         City         Wilmington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         The Orthopaedic Spine Center         Receipt For:         Primary       General         Other (specify) ▼	State DE C Occu Orthe	ganization Name Zip Code 19807-2980 pation (for Individual) opaedic Surgeon Year-to-Date ▼ 800.00	Date of Receipt	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Younger, Terry, , , MD Mailing Address 78 Otis Rd			Date of Receipt	
City Barrington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Barrington Ortho Specialists Receipt For: Primary General Other (specify) ▼	Orth	Zip Code 60010-5128 upation (for Individual) opaedic Surgeon Year-to-Date ▼ 1000,00	Transaction ID : 8436001         Amount of Each Receipt this Period         1000.00         Memo Item	
Full Name of Individual (Last, First, Middle         Wills, Christopher, A, , MD         Mailing Address 280 South Main Street         Suite 200         City         Orange         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify)	C C Occu	ganization Name Zip Code 92868-3852 pation (for Individual) opaedic Surgeon Year-to-Date ▼ 1008.00	Date of Receipt	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			1184.00	

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
	d Statements may not be sold or used by any p the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of	the American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Fernandez, Rafael, M, , MD         Mailing Address PO Box 800809         City         Coto Laurel         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self Employed         Receipt For:         Primary       General         Other (specify) ▼	State PR       Zip Code 00780-0809         C       Occupation (for Individual) Orthopaedic Surgeon         Aggregate Year-to-Date ▼         1200.00	Date of Receipt
Full Name of Individual (Last, First, Middle         Suk, Michael, , , MD         Mailing Address 1095 Limestoneville Road         City         Milton         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Geisinger Medical System         Receipt For:         Primary       General         Other (specify) ▼	Initial) or Full Organization Name   State Zip Code   PA 17847     C     Occupation (for Individual)   Orthopaedic Surgeon     Aggregate Year-to-Date ▼     1000.00	Date of Receipt
Full Name of Individual (Last, First, Middle         Blotter, Robert, H, , MD         Mailing Address 1414 W Fair Ave Ste 190         City         Marquette         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Advanced Center for Orthopaedics         Receipt For:         Primary       General         Other (specify)	Initial) or Full Organization Name          State       Zip Code         MI       49855-2693         C       Occupation (for Individual)         Orthopaedic Surgeon       Orthopaedic Surgeon         Aggregate Year-to-Date ▼       2000.00	Date of Receipt          12       25       2016         Transaction ID : 8436006         Amount of Each Receipt this Period         250.00         Memo Item
SUBTOTAL of Receipts This Page (optional)	·····	600.00
TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 OF 58
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Statements may not be sold or used by any per- the name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I A. Callahan, Bert, C, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 511 N Center St 	State Zip Code	12 / 26 / 2016 Transaction ID : 8436008
Beaver Dam	WI 53916-2023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) Beaver Dam Community Hospital	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00	
Full Name of Individual (Last, First, Middle I B. Keenen, Timothy, L, , MD		Date of Receipt
Mailing Address 19260 SW 65th Ave, Ste 27		12 26 Y Y Y Y 12 26 2016
City Tualatin	State Zip Code OR 97062-5705	Transaction ID : 8436009 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Pacific Spine Specialists	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	1
Full Name of Individual (Last, First, Middle I C. Marshall, Silas, , , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 14524 SE 93rd St		12 / D D / Y Y Y Y Y 26 / 2016
City Newcastle	State Zip Code WA 98059-3482	Transaction ID : 8436010 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	84.00
Name of Employer (for Individual) Proliance Surgeons	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 252.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	418.00
TOTAL This Period (last page this line numbe	er only)	

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page		
ne American Association of Ortho	ppaedic SurgeonsPAC of AAOS	
Name         State       Zip Code         SC       29045-8695         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         900.00       900.00	Date of Receipt  12 27 2016 Transaction ID : 8437118 Amount of Each Receipt this Period  75.00 Memo Item	
Initial) or Full Organization Name         State       Zip Code         IA       52240         C       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼         1000.00       1000.00	Date of Receipt	
Initial) or Full Organization Name         State       Zip Code         NC       27587         Image: Comparison (for Individual)       Occupation (for Individual)         Orthopaedic Surgeon       Aggregate Year-to-Date ▼	Date of Receipt 12 27 2016 Transaction ID : 8439096 Amount of Each Receipt this Period 1000.00 Memo Item	
	Detailed Summary Page         Statements may not be sold or used by any page name and address of any political committee         c         nitial) or Full Organization Name         State       Zip Code 29045-8695         C       Occupation (for Individual) Orthopaedic Surgeon         Aggregate Year-to-Date ▼       900.00         Ital       Zip Code 52240         C       Occupation Name         State       Zip Code 52240         C       900.00         initial) or Full Organization Name       900.00         C       00ccupation (for Individual) Orthopaedic Surgeon         Aggregate Year-to-Date ▼       900.00         Ital       Zip Code 52240         C       1000.00         Ital       State         Xip Code 52240       1000.00         Ital       State         Xip Code 52240       1000.00         Ital       State         Xip Code 27587       1000.00	

SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 OF 58 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Image: Second conditional condite condite conditional conditatica conditatica conditatica condita
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any p the name and address of any political committee the American Association of Ortho	e to solicit contributions from such committee.
/		
Full Name of Individual (Last, First, Middle A. Detrisac, David, Arthur, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3609 E Arbutus		12 / 27 / Y Y Y Y Y 2016
City Okemos	StateZip CodeMI48864	Transaction ID : 8439102 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) East Lansing Orthopaedic Assoc	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle <b>B.</b> Rich, John, T, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 334 Main St Ste 1		12 27 2016
City Diskoon City	State Zip Code PA 18519-1668	Transaction ID : 8439103
Dickson City FEC ID number of contributing federal political committee.	PA 18519-1668	Amount of Each Receipt this Period
Name of Employer (for Individual) Scranton Orthopaedic Specialists	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle Davis, Pamela, F, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 5055 School House Road		12 27 2016
City Bettendorf	StateZip CodeIA52722	Transaction ID : 8439105 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optional)	·	1250.00
TOTAL This Period (last page this line numb	per only)	

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FOR LINE NUMBER:

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TEMIZED RECEIPTS       Ose separate schedule(s)         for each category of the       Detailed Summary Page			Check only one)
Any information copied from such Reports and or for commercial purposes, other than using	Statements may not be sold he name and address of any	d or used by any pe	prson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	he American Associ	iation of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle <b>A.</b> Zilberfarb, Jeffrey, L, , MD Mailing Address 1 Rollins PI	Initial) or Full Organization N	ame	Date of Receipt
City Boston	State Zip Code MA 02114-		Transaction ID : 8439106
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Meeks & Zilberfarb Orthopaedics Receipt For: Primary General	Occupation (for In Orthopaedic Surg Aggregate Year-to-Date	jeon	Memo Item
Full Name of Individual (Last, First, Middle B. Giammattei, Frank, P, , MD	Initial) or Full Organization N		Date of Receipt
Mailing Address 30 Woodbrook Rd	State Zip Code	e	12 28 2016
Swarthmore	PA 19081-1		Transaction ID : 8439147 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer (for Individual) Premier Orthopaedics	Occupation (for Ir Orthopaedic Surg	,	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	837.99	
Full Name of Individual (Last, First, Middle Mitros, Stephen, F, , MD	Initial) or Full Organization N	ame	Date of Receipt
Mailing Address 51045 Erin Glen Dr			12 28 2016
City Granger	StateZip CodeIN46530-9		Transaction ID : 8439148 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer (for Individual) Self Employed	Occupation (for In Orthopaedic Surge	,	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	1020.00	
SUBTOTAL of Receipts This Page (optional).			669.00
TOTAL This Period (last page this line number	er only)	····· •	

Lise senarate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page		X       11a       11b       11c       12         13       14       15       16       17	
Any information copied from such Reports and or for commercial purposes, other than using	I Statements ma the name and a	y not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Political Action Committee of t	the America	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. Gary, Joshua, Layne, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4226 Byron			12 28 Y Y Y Y Y 12 28 2016
City Houston	State TX	Zip Code 77005-3518	Transaction ID : 8439149           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) University of Texas		ipation (for Individual) opaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1008.00	]
Full Name of Individual (Last, First, Middle B. Easley, Mark, E, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address Duke Medicine 4709 Creekstone Drive			12 / D D / Y Y Y Y Y 12 28 2016
City Durham	State NC	Zip Code 27703-9822	Transaction ID : 8439150 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1008.00	]
Full Name of Individual (Last, First, Middle C. Fontanetta, A, Philip, , MD	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 700 Hunt Ln			12 28 2016
City Manhasset	State NY	Zip Code 11030	Transaction ID : 8439151 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon		Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]
SUBTOTAL of Receipts This Page (optional).			418.00

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

FEC Schedule A (Form 3X) Rev. 06/2016

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FOR LINE NUMBER:

PAGE 49 OF

58

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and s or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) Political Action Committee of th	ne American Association of Ortho	paedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle In Carolan, Gregory, Francis, , MD	itial) or Full Organization Name	Date of Receipt
Mailing Address 1806 Meadow Ridge Ct		12 28 2016
City Bethlehem	StateZip CodePA18015-5003	Transaction ID : 8439152 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1008.00	
B. Full Name of Individual (Last, First, Middle In B. Foster, W, Stanley, , MD Mailing Address 108 Valerie Dr	itial) or Full Organization Name	Date of Receipt
City	State Zip Code	12 28 2016 Transaction ID : 8439153
Lafayette	LA 70508-6008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) Lafayette General Health Ventures	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 668.00	
Full Name of Individual (Last, First, Middle In C. Rose, Louis, Charles, , MD	itial) or Full Organization Name	Date of Receipt
Mailing Address THROGS Neck Multicare PC 3058 E Tremont Ave		12 / D D / Y Y Y Y 12 29 2016
City Bronx	State Zip Code NY 10461	Transaction ID : 8439417
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	•	1168.00

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

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 OF 58 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) Political Action Committee of the second sec	he American Association of Ortho	ppaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle I Sacco, Michael F, , , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address 120 Norlyn Dr	State Zip Code	12 / 29 / 2016 Transaction ID : 8439418
Walnut Creek	CA 94596-4258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle I McEleney, Emmett, T, , MD	Initial) or Full Organization Name	Date of Receipt
Mailing Address 7220 South Hwy 16		12 29 2016
City Rapid City	State Zip Code SD 57702	Transaction ID : 8439424 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Mohave Desert Ortho Ctr	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle I C. Adler, Gerard, G, , MD	nitial) or Full Organization Name	Date of Receipt
Mailing Address N63W38375 Lac La Belle D		12 / D D / Y Y Y Y 29 / 2016
City Oconomowoc	StateZip CodeWI53066-1602	Transaction ID : 8439425 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Aurora Wilkinson Medical Center	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	·····	1500.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form	1 3X)	FOR LINE NUMBER: PAGE 51 OF 58
ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		Orthopaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, I A. Nelson, Daniel, Richard, , MD	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 654 W. Sawgrass Tr	rail State Zip Code	12 D D / Y Y Y Y 19 2016 Transaction ID : 8441757
Dakota Dunes	SD 57049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) CNOS	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	336.00	,
B. Besh, Basil, R, , MD	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 6135 Clubhouse Dr		12 23 2016
City	State Zip Code	Transaction ID : 8441760
Pleasanton	CA 94566	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	1013.00	)
Full Name of Individual (Last, First, I C. Pushkin, Gary, W, , MD	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 4101 Greenway		12 19 2016
City Baltimore	State Zip Code MD 21218	Transaction ID : 8441761
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Cohen & Pushkin, MD, PA	Occupation (for Individual) Orthopaedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)		
SUBTOTAL of Receipts This Page (op	tional)	418.00
TOTAL This Period (last page this line	number only)	

SCHEDULE A (FEC Form 3X)	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 52 OF 58 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle Thompson, Joel, D, , MD	Initial) or Full Org	anization Name	Date of Receipt
Mailing Address Tucson Shoulder Elbow & I 3972 N Campbell Ave	Hand		M M / D D / Y Y Y Y Y 12 27 2016
City	State	Zip Code	Transaction ID : 8441762
Tucson	AZ	85719-1460	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
Self Employed	Ortho	paedic Surgeon	
Receipt For:	Aggregate Y	ear-to-Date <b>V</b>	_
Other (specify) ▼		252.00	
Full Name of Individual (Last, First, Middle B. Stephenson, John, Michael, , MD	Initial) or Full Org	anization Name	Date of Receipt
Mailing Address 23 Hickory Creek Dr			12 28 2016
City	State	Zip Code	Transaction ID : 8441763
	AR	72212-2509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) Self Employed		pation (for Individual) paedic Surgeon	Memo Item
Receipt For:	Aggregate Y	ear-to-Date 🔻	
Other (specify) ▼		252.00	]
Full Name of Individual (Last, First, Middle . Razi, Afshin, , , MD	Initial) or Full Org	anization Name	Date of Receipt
Mailing Address 66-37 Saunders Street			12 30 Y Y Y Y Y 12 30 2016
City Rego Park	State NY	Zip Code 11374	Transaction ID : 8441773 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Madison Avenue Ortho Assoc		pation (for Individual) paedic Surgeon	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 250.00	]
SUBTOTAL of Receipts This Page (optional).			418.00

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

FOR LINE NUMBER:

PAGE 53 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS							
Full Name of Individual (Last, First, Middle A. Strauss, Michael, B, , MD	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 16811 Coral Cay Lane			M M / D D / Y Y Y Y 12 31 2016							
City Huntington Beach	State CA	Zip Code 92649	Transaction ID : 8441851 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		250.00							
Name of Employer (for Individual) Self Employed		upation (for Individual) nopaedic Surgeon	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]							
Full Name of Individual (Last, First, Middle B.	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address			M = M / D = D / Y = Y = Y = Y							
City	State	Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	]							
Full Name of Individual (Last, First, Middle C.	Initial) or Full C	Prganization Name	Date of Receipt							
Mailing Address										
City	State	Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V	]							
SUBTOTAL of Receipts This Page (optional)			250.00							
TOTAL This Period (last page this line numb			49958.83							

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 54 OF

58

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)         11a       11b       11c       12         13       14       ¥       15       16       17
or for commercial purposes, other than using	d Statements mathematic the name and a	ay not be sold or used by any paddress of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Political Action Committee of	the Americ	an Association of Orth	opaedic SurgeonsPAC of AAOS
Full Name of Individual (Last, First, Middle A. American Association of Orthopaedic		Organization Name	Date of Receipt
Mailing Address 9400 W. Higgins			12 19 / Y Y Y Y 2016
City Rosemont	State IL	Zip Code 60018	Transaction ID : 8439146 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		997.68
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 23373.16	Refund of bank fees from affiliated organization
Full Name of Individual (Last, First, Middle B.	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	]
Full Name of Individual (Last, First, Middle C.	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)		Year-to-Date ▼	]
SUBTOTAL of Receipts This Page (optional)			997.68
TOTAL This Period (last page this line numb	per only)		997.68

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 55 OF 58 (check only one)							
		Detailed Summary Page	11a         11b         11c         12           13         14         15         16         X         17							
			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Political Action Committee	of the America	an Association of Ortho	ppaedic SurgeonsPAC of AAOS							
Full Name of Individual (Last, First, Mi Northern Trust Company	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 50 S La Salle St		7.0	11 / D D / Y Y Y Y 2016							
City Chicago	State IL	Zip Code 60603	Transaction ID : 8418416         Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		0.08							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1219.16	Interest earned on bank account							
Full Name of Individual (Last, First, Mi <b>B.</b> Northern Trust Company	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 50 S La Salle St			M M / D D / Y Y Y Y 12 31 2016							
City Chicago	State IL	Zip Code 60603	Transaction ID : 8444129 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1239.50	Interest earned on bank account							
Full Name of Individual (Last, First, Mi c. Northern Trust Company	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 50 S La Salle St			12 01 2016							
City Chicago	State IL	Zip Code 60603	Transaction ID : 8444130 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		20.26							
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1239.42	Interest earned on bank account							
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line n			20.42							

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		OR LINE heck onl					PA	GE 56	OF 58				
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page		21b		22 28b	23 28c		26 29	27					
Any information copied from such Reports and Sta or for commercial purposes, other than using the															
NAME OF COMMITTEE (In Full) Political Action Committee of the	American	Association	of (	Orthop	aed	ic S	Surgeo	ns-	-PA	C of <i>i</i>	AAOS				
Full Name (Last, First, Middle Initial) A. Northern Trust Company											Y				
Mailing Address 50 S La Salle St	lailing Address 50 S La Salle St									2016					
City Chicago Runnoog of Disburgement	State IL	Zip Code 60603					entificatio	n Nı	umber						
Purpose of Disbursement Bank fees deducted from account		1	C	01	C	-	nsaction	- חו	8398	436					
Candidate Name				egory/ ype	An		of Each				s Period				
Office Sought: House Disbur Senate President	Sement For: Primary Other (spe	General Gify) ▼				Ma		Banl	k fees	-	4.17 ed from acc				
State: District:		., .				IVIE	mo Item								
Full Name (Last, First, Middle Initial) B. Northern Trust Company					Da		Disburse	emer	nt						
Mailing Address 50 S La Salle St	Mailing Address 50 S La Salle St								12 05 2016						
City Chicago Purpose of Disbursement Bank fees deducted from account	hicago IL 60603							FEC Identification Number							
Candidate Name		I	Cate	egory/	An		nsaction of Each				s Period				
Office Sought: House Disbur Senate President	rsement For: Primary Other (spec	General	Туре		54.21 Bank fees deducted from Memo Item						49.1				
State: District:						IVIC									
C. Northern Trust Company	Full Name (Last, First, Middle Initial) Northern Trust Company						Disburse	_	nt						
Mailing Address 50 S La Salle St	Mailing Address 50 S La Salle St								12 05 2016						
City Chicago Purpose of Disbursement	Chicago IL 60603								umber		1				
Bank fees deducted from account	01 egory/	Ar	Tra	nsaction of Each				s Period							
Office Sought: House Disbur Senate President	Senate Primary General							109.08 Bank fees deducted fro							
State: District:						ING	mo Item								
SUBTOTAL of Disbursements This Page (optiona	ll)			····· ►					-		07.46				
TOTAL This Period (last page this line number o	nly)			🕨					,						

S	CHEDULE B (FEC Form 3X)			F	OF	R LINE	NU	MBER:			F	PAGI	E 57	OF	58		
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(C		eck on	-	e) │22	2	з Г	26	Г	27	7			
		Detailed	Summary Page		ŀ	28a		28b		8c	29		30				
	ny information copied from such Reports and State for commercial purposes, other than using the na														s		
	NAME OF COMMITTEE (In Full)							-				_		-			
	Political Action Committee of the A	American	Association	of(	0	rthop	bae	dic S	Surge	eons	sP	AC	c of	AAC	)S		
A.	Full Name (Last, First, Middle Initial) Northern Trust Company	Date of	Disbu	ursem	ent												
	Mailing Address 50 S La Salle St							12 / D D / Y Y Y Y 12 16 2016									
	City Chicago	State IL	Zip Code 60603				1	EC Id	entifica	ation	Numb	er		_			
	Purpose of Disbursement Bank fees deducted from account			(	00 <sup>-</sup>	1		C	insact	ion II		24.60	10				
	Candidate Name				eg yp	jory/ e	/	Amount						is Per	od		
	Office Sought: House Disburse Senate	ment For: Primary	General				11	_	-,-		-,		-	2.58			
	State: District:	Other (spec	cify) ▼					Bank fees deducted from acco							n accoi		
	Full Name (Last, First, Middle Initial)																
B.	Northern Trust Company	Trust Company						Date of		ursem		Y	Y	Y Y			
	Mailing Address 50 S La Salle St								12 05 2016								
	City State Zip Code Chicago IL 60603								FEC Identification Number								
	Purpose of Disbursement Bank fees deducted from account	1		C	nsact	ion IC		2170	0								
	Candidate Name	Category/ Type						Amount						is Per	od		
	Office Sought: House Disburse Senate	ment For: Primary	General				11	103.46 Bank fees deducted from ac									
	State: District:	President Other (specify)								Memo Item							
с.	Full Name (Last, First, Middle Initial) • Northern Trust Company							Date of	Disbu	ursem	ent						
	Mailing Address 50 S La Salle St						12 06 2016										
	City	State	Zip Code					12		00			2010				
	Chicago	IL	60603					EC Id	entifica	ation	Numb	er					
	Purpose of Disbursement Bank fees deducted from account				201	4		C									
	Candidate Name	00 eg	jory/		Tra Amount	insact of Ea					is Per	od					
	Office Sought: House Disbursement For:												45	0.37			
	Senate					_		Ba	ank fe	es c	leduc	ted fro	m acco				
	State: District:	Other (spec	Memo Item														
⊢	SUBTOTAL of Disbursements This Page (optional).									-				06.41	7		

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SCHEDULE B (FEC Form 3X)	Use sepa	Use separate schedule(s)							PAGE 58 OF 58						
ITEMIZED DISBURSEMENTS		category of the Summary Page		heck ( <b>X</b> 2 2	· ·	22 28b	23		26 29		27 30b				
Any information copied from such Reports and Stat or for commercial purposes, other than using the n															
NAME OF COMMITTEE (In Full)															
Political Action Committee of the	American	Association	of (	Orth	opa	edic S	urge	ons	-PA	Сo	f AAOS				
Full Name (Last, First, Middle Initial)         • Northern Trust Company															
Mailing Address 50 S La Salle St						12 <sup>M</sup>	/ D	30	/ Ү	20	16				
City Chicago	State IL	Zip Code 60603				FEC Ide	entificat	ion N	umber						
Purpose of Disbursement Bank fees deducted from account			0	01	1	С									
Candidate Name		<sup>1</sup>		egory/ ype			of Eac				this Period				
Office Sought: House Disburs	ement For:	Ganaral	- 1	ype					55.12						
State: District:		Primary General Other (specify) ▼						Ban n	k fees	dedu	icted from accou				
Full Name (Last, First, Middle Initial) B. Northern Trust Company						Date of			nt						
Mailing Address 50 S La Salle St		12 28 2016													
City Chicago									FEC Identification Number						
Purpose of Disbursement Bank fees deducted from account Candidate Name	[		)01 egory/	Transaction ID : 8441065 Amount of Each Disbursement this Perio					this Period						
Office Sought: House Disburs	ement For:		Туре							264.12					
Senate President	Senate Primary General								Bank fees deducted from acc						
State: District:															
Full Name (Last, First, Middle Initial)							Disbur	seme							
Mailing Address	Mailing Address									¥	YY				
City	State	Zip Code				FEC Identification Number									
Purpose of Disbursement	Purpose of Disbursement														
Candidate Name		Amount	of Eac	ch Dis	bursen	nent	this Period								
Office Sought: House Disburs Senate President	Senate Primary General								-		-				
State: District:															
SUBTOTAL of Disbursements This Page (optional)	)			)					T		319.24				
TOTAL This Period (last page this line number on	ly)				-					1	223.11				