

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

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

ADDRESS (number and street)

317 Massachusetts Ave., N.E.

1st Floor

Check if different
than previously
reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00343137

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Igram, M, , Cassim, MD,FAAOS

Type or Print Name of Treasurer

Signature of Treasurer

Igram, M, , Cassim, MD,FAAOS

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2022 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2022		571228.52
(b) Cash on Hand at Beginning of Reporting Period.....	676174.81	
(c) Total Receipts (from Line 19)	218247.81	692853.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	894422.62	1264082.27
7. Total Disbursements (from Line 31).....	364606.64	734266.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	529815.98	529815.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 04 / 01 / 2022

To:

 M M / D D / Y Y Y Y
 06 / 30 / 2022
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

203132.49

618192.74

(ii) Unitemized

15115.12

62660.81

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

218247.61

680853.55

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

218247.61

685853.55

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.20

0.20

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

7000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

218247.81

692853.75

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

218247.81

692853.75

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	7606.64	17516.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7606.64	17516.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	336000.00	670500.00
24. Independent Expenditures (use Schedule E)	20000.00	20000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1000.00	1250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	1250.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	25000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	364606.64	734266.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	364606.64	734266.29

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	218247.61	685853.55
34. Total Contribution Refunds (from Line 28(d))	1000.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	217247.61	684603.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7606.64	17516.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.20	0.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7606.44	17516.09

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

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

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

A. Bushnell, Brandon, Dubose, , MD,MBA,FAA

Mailing Address 60 Fallen Branch Circle SE

City
Rome

State
GA

Zip Code
30161

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Harbin Clinic Orthopedics and Sports M

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2022

Transaction ID : 11270954

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Cassidy, Carter, , , MD, FAAOS

Mailing Address 4890 Faulkirk Lane

City
Lexington

State
KY

Zip Code
40515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Kentucky Res Program

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2022

Transaction ID : 11270955

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

c. Wynder, Steven, G, , MD,FAAOS

Mailing Address 5290 W 612 N

City
Huntington

State
IN

Zip Code
46750

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Parkview Ortho Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2022

Transaction ID : 11271276

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

254.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

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

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

A. Casey, Brett, Edward, , MD,FAAOS

Mailing Address 6064 Louis XIV St

City
New Orleans

State
LA

Zip Code
70124-2919

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gulf Coast Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
04 / 02 / 2022

Transaction ID : 11271277

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Smith, Eric, Louis, , MD,FAAOS

Mailing Address 1573 Beacon Street

City
Waban

State
MA

Zip Code
02468

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Boston Medical Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

MM / DD / YYYY
04 / 02 / 2022

Transaction ID : 11271279

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Anderson, Robert, O, , MD, FAAOS

Mailing Address 9800 55th St N

City
Lake Elmo

State
MN

Zip Code
55042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Summit Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
04 / 03 / 2022

Transaction ID : 11271348

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

584.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

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

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

A. Sowards, Joseph, Milo, , MD,FAAOS

Mailing Address 237 Westwind Way

City
Dresher

State
PA

Zip Code
19025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Temple University

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2022

Transaction ID : 11271349

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gish, Michael, W, , MD,FAAOS

Mailing Address 2630 Old Orchard Rd

City
Lancaster

State
PA

Zip Code
17601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Lancaster

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2022

Transaction ID : 11271351

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Collins, Paul, Calvin, , MD,FAAOS

Mailing Address 1965 North Stoneview Place

City
Boise

State
ID

Zip Code
83702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Healthcare

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2022

Transaction ID : 11271354

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

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

A. Ellis, Thomas, J, , MD, FAAOS

Mailing Address 5190 Harlem Road

City
New AlbanyState
OHZip Code
43054FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic ONEOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
04	04	2022

Transaction ID : 11271355

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Black, David, Albritton, , MD, PhD

Mailing Address 12112 Fairway Drive

City
Little RockState
ARZip Code
72212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of ArkansasOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	D D	Y Y Y Y
04	04	2022

Transaction ID : 11271356

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Prohaska, Matthew, G, , MD, FAAOS

Mailing Address 69 Griggs Hill Road

City
DanvilleState
VTZip Code
05828FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVRH Orthopaedic ClinicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	D D	Y Y Y Y
04	04	2022

Transaction ID : 11271357

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

418.00

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 268

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Carlson, William, E, , MD,FAAOS

Mailing Address 3 SE Tuscan Lane

City
Stuart

State
FL

Zip Code
34996

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Florida Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2022

Transaction ID : 11271358

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Crofford, Theodore, W, , MD,FAAOS

Mailing Address 2228 Winton Terrace E

City

Fort Worth

State

TX

Zip Code

76109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Hip and Knee Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2022

Transaction ID : 11271711

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Lintecum, Neal, D, , MD,FAAOS

Mailing Address 789 N 1500 Road

City

Lawrence

State

KS

Zip Code

66049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11271785

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1700.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

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

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

A. Griska, Adam, Todd, , MD, FAAOS

Mailing Address 245 Eshelman Road

City
Lancaster

State
PA

Zip Code
17601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hospital of the University of Pennsylv

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272077

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Johnson, Adam, C, , MD, FAAOS

Mailing Address 6411 Mulligans Rd

City
Farmington

State
NM

Zip Code
87402-4869

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates PA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272091

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Keller, Julie, M, , MD, FAAOS

Mailing Address 113 W Essex Street
Suite 201

City
Maywood

State
NJ

Zip Code
07607-1023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Restoration Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2022

Transaction ID : 11272100

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Schmale, Gregory, A, , MD, FAAOS

Mailing Address 6515 126th Ave NE

City
Kirkland

State
WA

Zip Code
98033-8569

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Seattle Children's Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2022

Transaction ID : 11272102

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Burke, Charles, J, , III, MD, F

Mailing Address 200 Delafield Rd
Ste 4010

City
Pittsburgh

State
PA

Zip Code
15215-3235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPMC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2022

Transaction ID : 11272103

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Pushkin, Gary, W, , MD,FAAOS

Mailing Address 4101 Greenway

City
Baltimore

State
MD

Zip Code
21218-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cohen & Pushkin MD PA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2022

Transaction ID : 11272105

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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418.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Coward, David, B, , MD,FAAOS

Mailing Address 222 Palisades Sierra Oaks Lane

City
Sacramento

State
CA

Zip Code
95825

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sacramento Knee & Sports Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272458

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Brooks, Andrew, T, , MD,FAAOS

Mailing Address 1412 Exeter Ct

City
Davis

State
CA

Zip Code
95618

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Bay Healthcare

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272460

Amount of Each Receipt this Period

230.00

☐ Memo Item

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

c. Agarwala, Amit, , , MD, FAAOS

Mailing Address 660 Golden Ridge Rd
Suite 250

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Panorama Orthopedics & Spine Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272467

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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730.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Conklin, Mark, J, , MD,FAAOS

Mailing Address 1702 Sand Lily Dr

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272468

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Deol, Premjit, , , DO

Mailing Address 4145 Utica Street

City
Denver

State
CO

Zip Code
80212-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272472

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Desai, Bharat, M, , FAAOS

Mailing Address 7955 Spirit Ranch Rd

City
Golden

State
CO

Zip Code
80403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272473

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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1500.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Drewek, Michael, , , MD

Mailing Address 660 Golden Ridge Rd
Ste 250

City
Golden

State
CO

Zip Code
80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Panorama Orthopedics & Spine Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272477

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Ellman, Michael, Brian, , MD,FAAOS

Mailing Address 11646 E Maplewood Ave

City
Englewood

State
CO

Zip Code
80111-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Panorama Orthopedics & Spine Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272478

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Foran, Jared, R H, , MD, FAAOS

Mailing Address 11 S Fairfax St

City
Denver

State
CO

Zip Code
80246

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Panorama Orthopedics & Spine Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272479

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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NAME OF COMMITTEE (In Full)

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

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

A. Foulk, Douglas, A, , MD, FAAOS

Mailing Address 660 Golden Ridge Road
Ste 250

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272480

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Friermood, Thomas, G, , MD, FAAOS

Mailing Address 2635 Vivian St

City

Lakewood

State

CO

Zip Code

80215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272481

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Froelich, John, Marshal, , MD, FAAOS

Mailing Address 831 Uinta Way

City

Denver

State

CO

Zip Code

80230-6824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272482

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Gottlob, Charles, Adam, , MD, FAAOS

Mailing Address 1170 S Saint Paul St

City
Denver

State
CO

Zip Code
80210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272483

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Horner, Michael, , , DO

Mailing Address 660 Golden Ridge Rd
Ste 250

City
Golden

State
CO

Zip Code
80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272487

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Hugate, Ronald, R, , MD, FAAOS

Mailing Address 9249 S Broadway
#200-136

City
Highlands Ranch

State
CO

Zip Code
80129

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272488

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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750.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Johnson, James, T, , MD,FAAOS

Mailing Address 4901 S Franklin St

City
Cherry Hills

State
CO

Zip Code
80113

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272489

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Kinder, Jeremy, Ron, , MD, FAAOS

Mailing Address 8709 Stoll Place

City
Denver

State
CO

Zip Code
80238-3769

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272490

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Knight, Karen, H, , MD

Mailing Address 660 Golden Ridge Road
Ste 250

City
Golden

State
CO

Zip Code
80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272492

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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750.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Lammens, Peter, , MD, FAAOS

Mailing Address 24688 Foothill Dr North

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272493

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Lehman, Timothy, James, , MD, FAAOS

Mailing Address 7050 S Polo Ridge Dr

City
Littleton

State
CO

Zip Code
80128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272494

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Lodha, Sameer, J, , MD, FAAOS

Mailing Address 2538 W 36th Ave

City
Denver

State
CO

Zip Code
80211-2849

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272495

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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750.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Loutzenheiser, Lonnie, E, , MD, FAAOS

Mailing Address 6901 E Baker Pl

City
Denver

State
CO

Zip Code
80224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272502

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. McNair, Patrick, , , MD,FAAOS

Mailing Address 10363 Carriage Club Drive

City
Lone Tree

State
CO

Zip Code
80124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272503

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Murken, Roger, E, , Jr, MD,FAA

Mailing Address 660 Golden Ridge Rd
Ste 250

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272504

Amount of Each Receipt this Period

250.00

☐ Memo Item

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750.00

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NAME OF COMMITTEE (In Full)

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

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

A. Patel, Nimesh, , MD,FAAOS

Mailing Address 570 Eagle Nest Ct

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272505

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Peace, William, Joseph, , MD, FAAOS

Mailing Address 18968 W 54th Ln

City
Golden

State
CO

Zip Code
80403-2182

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272506

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Puschak, Thomas, Joseph, , MD, FAAOS

Mailing Address 5275 Dunraven Circle

City
Golden

State
CO

Zip Code
80403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272507

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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NAME OF COMMITTEE (In Full)

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

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

A. Robinson, Mitchel, S, , MD,FAOS

Mailing Address 660 Golden Ridge Road
Suite 250

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272508

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Rowland, Edmund, B, , Jr, MD, FA

Mailing Address 265 Skyhill Dr

City

Evergreen

State

CO

Zip Code

80439-3797

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272509

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Seemann, Mitchell, D, , MD, FAAOS

Mailing Address 660 Golden Ridge Rd, Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272510

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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for each category of the
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NAME OF COMMITTEE (In Full)

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

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

A. Thomas, Robert, L., MD, FAAOS

Mailing Address 7214 S Chase Way

City
Littleton

State
CO

Zip Code
80128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272511

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Vanderheiden, Todd, Frederick, , MD,FAAOS

Mailing Address 252 N Pennsylvania St
Apt 502

City
Denver

State
CO

Zip Code
80203-4178

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272512

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Wente, Todd, Michael, , MD, FAAOS

Mailing Address 258 S Madison St

City
Denver

State
CO

Zip Code
80209-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272513

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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NAME OF COMMITTEE (In Full)

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

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

A. Wong, Douglas, Cabot, , MD, FAAOS

Mailing Address 23769 Shooting Star Dr

City
Golden

State
CO

Zip Code
80401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Panorama Orthopedics & Spine Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272514

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Olsewski, John, M, , MD,FAAOS

Mailing Address 16 Rivers Edge Drive #407

City
Tarrytown

State
NY

Zip Code
10591

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Montefiore Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272549

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Ruark, Randall, J, , MD,FAAOS

Mailing Address 2313 Lower Blue Springs Road

City
Hamilton

State
GA

Zip Code
31811-6582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Jack Hughston Memorial Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272550

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

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

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

A. Wertheim, Steven, B, , MD,FAAOS

Mailing Address 70 Old Stratton Chase NW

City
Atlanta

State
GA

Zip Code
30328-3652

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11272551

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Green, Daniel, William, , MD,FAAOS

Mailing Address 535 E 70th St

City
New York

State
NY

Zip Code
10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hosp for Special Surgery

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2022

Transaction ID : 11272565

Amount of Each Receipt this Period

175.00

☐ Memo Item

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

C. Mosley, Emmett, Wayne, , MD,FAAOS,F

Mailing Address 220 Thompson Pl

City
Roswell

State
GA

Zip Code
30075-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aspirus

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2022

Transaction ID : 11272566

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

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

1259.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Kiner, Dirk, W, , MD,FAAOS</p>			<p>Date of Receipt</p> <p><input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2022"/></p> <p>Transaction ID : 11272567</p>		
<p>Mailing Address 449 Canyon Springs Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="84.00"/></p>		
<p>City</p> <p>Hixson</p>	<p>State</p> <p>TN</p>	<p>Zip Code</p> <p>37343-2387</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="336.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Southern Orthopaedic Trauma Surgeons</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Gallant, Gregory, G, , MD,MBA,FAA</p>			<p>Date of Receipt</p> <p><input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2022"/></p> <p>Transaction ID : 11272568</p>		
<p>Mailing Address 3588 Wellsford Lane</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="83.33"/></p>		
<p>City</p> <p>Doylestown</p>	<p>State</p> <p>PA</p>	<p>Zip Code</p> <p>18902-1480</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="333.32"/></p>		
<p>Name of Employer (for Individual)</p> <p>Rothman Institute</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Kolavo, Jerome, , , MD,FAAOS</p>			<p>Date of Receipt</p> <p><input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2022"/></p> <p>Transaction ID : 11272850</p>		
<p>Mailing Address 27650 Ferry Rd Ste 100</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="500.00"/></p>		
<p>City</p> <p>Warrenville</p>	<p>State</p> <p>IL</p>	<p>Zip Code</p> <p>60555</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="500.00"/></p>		
<p>Name of Employer (for Individual)</p> <p>Cadence Physician Group</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>					
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p><input type="text" value="667.33"/></p>		
<p>TOTAL This Period (last page this line number only).....▶</p>			<p><input type="text"/></p>		

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

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NAME OF COMMITTEE (In Full)

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

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

A. Mejia, Alfonso, , , MD, MPH, FAA

Mailing Address 5332 South Shore Drive

City
Chicago

State
IL

Zip Code
60615-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Illinois Association of Orthopedic Sur

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2022

Transaction ID : 11273212

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Hariri, Sanaz, , , MD, FAAOS

Mailing Address 1169 Trinity Drive

City

Menlo Park

State

CA

Zip Code

94025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sports and Joint Replacement Specialis

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2022

Transaction ID : 11296527

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Gainor, John, W, , MD, FAAOS

Mailing Address PO Box 1200

City

Santa Barbara

State

CA

Zip Code

93102-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sansum Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2022

Transaction ID : 11296582

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1584.00

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Cox, Christopher, V, , MD, FAAOS

Mailing Address 100 Berkeley Way

City

San Francisco

State

CA

Zip Code

94131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

California Pacific Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2022

Transaction ID : 11296721

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Detch, Robert, Corwin, , MD, FAAOS

Mailing Address 2517 Valdivia Way

City

Burlingame

State

CA

Zip Code

94010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Palo Alto Medical Foundation

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2022

Transaction ID : 11296726

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Clain, Michael, R, , MD,FAAOS

Mailing Address 9 Indian Head Road

City

Riverside

State

CT

Zip Code

06878-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopaedic & Neurosurgery Specialists

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2022

Transaction ID : 11296727

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2084.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Service, Benjamin, , , MD,FAOS

Mailing Address 8710 Crestgate Circle

City
Orlando

State
FL

Zip Code
32819-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orlando Health

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 09 / 2022

Transaction ID : 11296728

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Newton, Peter, O, , MD,FAOS

Mailing Address 3020 Children's Way, MC 5062

City
San Diego

State
CA

Zip Code
92123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of San Diego

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 09 / 2022

Transaction ID : 11296730

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Norheim, Elizabeth, Picnic, , MD,FAOS

Mailing Address 4535 Homer Street

City
Los Angeles

State
CA

Zip Code
90031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente Downey Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2022

Transaction ID : 11296733

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1084.00

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NAME OF COMMITTEE (In Full)

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

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

A. Gregory, Paul, R., Jr, MD, FA

Mailing Address 4627 King Ranch Pl

City
Granite Bay

State
CA

Zip Code
95746

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2022

Transaction ID : 11296734

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Templeton, Jesse, Ellis, , MD,FAOS

Mailing Address 2906 Nottingham Drive

City
Parma

State
OH

Zip Code
44134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Associates Inc

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2022

Transaction ID : 11296736

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Kelly, James, D., II, MD,FAA

Mailing Address 3838 California Street
Suite 715

City
San Francisco

State
CA

Zip Code
94118-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
California Pacific Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2022

Transaction ID : 11296739

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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NAME OF COMMITTEE (In Full)

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

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

A. Nahigian, Kevin, K, , MD, FAAOS

Mailing Address 85 Red Bay Rd

City
Elgin

State
SC

Zip Code
29045-8684

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carolina Shoulder & Knee Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2022

Transaction ID : 11296740

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Glassman, Andrew, H, , MD,MS,FAAO

Mailing Address 126 North Drexel Avenue

City

Columbus

State

OH

Zip Code

43209-1427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio State University Wexner Medical C

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2022

Transaction ID : 11296741

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Amendola, Annunziato, , , MD,FAAOS

Mailing Address 1814 Faison Road

City

Durham

State

NC

Zip Code

27705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duke Sports Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2022

Transaction ID : 11297243

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1168.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Looby, Peter, A, , MD,FAAOS

Mailing Address 5021 S Old Yankton Pl

City
Sioux Falls

State
SD

Zip Code
57108

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sioux Falls Specialty Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2022

Transaction ID : 11297244

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. Rodgers, John, C, , MD, FAAOS

Mailing Address 2163 Meadow Ridge Dr

City
Lancaster

State
PA

Zip Code
17601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Lancaster

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2022

Transaction ID : 11297540

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Bernard, Johnathan, , , MD, MPH, F

Mailing Address 21549 Glebe View Dr

City
Broadlands

State
VA

Zip Code
20148-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Sports Medicine Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2022

Transaction ID : 11297552

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

6084.00

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NAME OF COMMITTEE (In Full)

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

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

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

Mailing Address 2603 90th Ave

City

Lone Rock

State

IA

Zip Code

50559-8556

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Center for Specialty Care

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2022

Transaction ID : 11297553

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Braaton, Paul, J, , MD,FAAOS

Mailing Address 1335 Coffee Rd
Ste 100

City

Modesto

State

CA

Zip Code

95355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OrthoMed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2022

Transaction ID : 11297554

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Espinoza, Luis, M, , MD, FAAOS

Mailing Address 5 Savannah Ridge Lane

City

Metairie

State

LA

Zip Code

70001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopaedic Center for Sports Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2022

Transaction ID : 11297555

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

252.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. John, Thomas, K, , MD,FAAOS

Mailing Address 522 Eastbrook Rd

City
Ridgewood

State
NJ

Zip Code
07450-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Active Orthopedics and Sports Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2022

Transaction ID : 11297556

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Mansfield, David, J, , MD,FAAOS

Mailing Address 5019 Montoya Rd

City
El Paso

State
TX

Zip Code
79922-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
El Paso Orthopaedic Surgery Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.67

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2022

Transaction ID : 11297557

Amount of Each Receipt this Period

166.67

☐ Memo Item

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

c. Dunlay, Ryan, Patrick, , MD,FAAOS

Mailing Address 2300 53rd Avenue #100

City
Bettendorf

State
IA

Zip Code
52722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ORA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2022

Transaction ID : 11298499

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.67

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

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NAME OF COMMITTEE (In Full)

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

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

A. Kocher, Mininder, S, , MD,MPH,FAA

Mailing Address 30 Strawberry Hill

City
Dover

State
MA

Zip Code
02030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Boston Children's Hospital, Dept of Or

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2022

Transaction ID : 11298501

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Krueger, Chad, A, , MD,FAAOS

Mailing Address 705 Kyle Dr

City
Ambler

State
PA

Zip Code
19002-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rothman Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 13 / 2022

Transaction ID : 11298512

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. James, Jeremy, R, , MD,FAAOS

Mailing Address 7 Briar Hollow St

City
Covington

State
LA

Zip Code
70433-4511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DISC of Louisiana

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 13 / 2022

Transaction ID : 11298513

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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434.00

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NAME OF COMMITTEE (In Full)

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

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

A. Vercillo, Michael, Thomas, , MD,FAAOS

Mailing Address 275 Lake Sherwood Dr

City

Westlake Village

State

CA

Zip Code

91361

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2022

Transaction ID : 11298820

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Courtney, Paul, Maxwell, , MD,FAAOS

Mailing Address 1005 Millbrook Rd

City

Berwyn

State

PA

Zip Code

19312-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rothman Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2022

Transaction ID : 11298821

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Kofoed, John, Charles, , MD, FAAOS

Mailing Address 2619 Seminole Ct

City

Fairfield

State

CA

Zip Code

94534-7871

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sutter Medical Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

356.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2022

Transaction ID : 11298845

Amount of Each Receipt this Period

89.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

673.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Benson, Eric, R, , MD,FAAOS

Mailing Address 78 Tirrell Rd

City
Bedford

State
NH

Zip Code
03110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New Hampshire Orthopaedic Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2022

Transaction ID : 11298846

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Misenhimer, Gregory, R, , MD,FAAOS

Mailing Address 104 Calle Cumbre

City
El Paso

State
TX

Zip Code
79912

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2022

Transaction ID : 11298847

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Holloway, G Brian, , , MD,FAAOS

Mailing Address 8956 Hemingway Grove Circle

City
Knoxville

State
TN

Zip Code
37922-8087

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Knoxville Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2022

Transaction ID : 11298848

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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NAME OF COMMITTEE (In Full)

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

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

A. Jamison, James, P, , MD,FAOS

Mailing Address 7092 Killdeer Drive

City
Canfield

State
OH

Zip Code
44406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Youngstown Orthopaedic Associates, Ltd

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2022

Transaction ID : 11299380

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Smith, Jeffrey, Mark, , MD,CPC,FAA

Mailing Address 5865 Friars Rd
Unit 3310

City
San Diego

State
CA

Zip Code
92110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UNITE Orthopaedics Foundation

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2022

Transaction ID : 11299381

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Battaglia, Michael, Jacob, , MD,FAOS

Mailing Address 1641 Windermere Dr E

City
Seattle

State
WA

Zip Code
98112-3737

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bellevue Bone & Joint Physicians

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2022

Transaction ID : 11299382

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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NAME OF COMMITTEE (In Full)

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

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

A. McCulloch, Patrick, T, , MD, FAAOS

Mailing Address 307 Buckingham Drive

City
Venetia

State
PA

Zip Code
15367

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Ortho & Rehab

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2022

Transaction ID : 11299451

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Goldberg, Steven, Scott, , MD,FAAOS

Mailing Address 5867 Whisperwood Ct

City
Naples

State
FL

Zip Code
34110-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physicians Regional Medical Center - P

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2022

Transaction ID : 11299452

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Kwok, Moody, , , MD,FAAOS

Mailing Address 708 Presidential Dr

City
Horsham

State
PA

Zip Code
19044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rothman Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2022

Transaction ID : 11299453

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

584.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Greene, Robert, Neil, , MD,FAOS

Mailing Address 1211 N 16th Ave

City
Yakima

State
WA

Zip Code
98902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedics Northwest PLLC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2022

Transaction ID : 11299454

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Winston, Jonathan, , , MD

Mailing Address 4534 Shadowbrook Court

City
Bettendorf

State
IA

Zip Code
52722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ORA Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2022

Transaction ID : 11299458

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Carnduff, Mary, Foley, , MD,MBA,FAA

Mailing Address 1909 Rhode Island Ave

City
McLean

State
VA

Zip Code
22101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2022

Transaction ID : 11299459

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

418.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Van Kleunen, Jonathan, P, , MD, FAAOS

Mailing Address 250 Jacks Way

City
Duncansville

State
PA

Zip Code
16635

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Orthopedics Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2022

Transaction ID : 11299460

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Battista, Vincent, , , MD, FAAOS

Mailing Address 675 Bent Creek Drive

City
Lititz

State
PA

Zip Code
17543

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Lancaster

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2022

Transaction ID : 11299901

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Urband, Lindsey, , , MD,FAAOS

Mailing Address 15066 Almond Orchard Lane
Suite 403

City
San Diego

State
CA

Zip Code
92131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
San Diego Hand Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2022

Transaction ID : 11299902

Amount of Each Receipt this Period

84.00

☐ Memo Item

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1168.00

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NAME OF COMMITTEE (In Full)

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

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

A. Grosso, Matthew, , , MD

Mailing Address 5 Pembroke Dr

City
Avon

State
CT

Zip Code
06001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Orthopaedics New England

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2022

Transaction ID : 11299903

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Tabaie, Sean, , , MD,FAOS

Mailing Address 1219 Delafield PI NW

City
Washington

State
DC

Zip Code
20011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Children's National Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2022

Transaction ID : 11299904

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Delanois, Ronald, Emilio, , MD,FAOS

Mailing Address 6 Brookfield Garth

City
Lutherville

State
MD

Zip Code
21093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lifebridge

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2022

Transaction ID : 11299906

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

418.00

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NAME OF COMMITTEE (In Full)

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

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

A. Engstrom, Stephen, Matthew, , MD,FAOS

Mailing Address 9207 Duncaster Ct

City
Brentwood

State
TN

Zip Code
37027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vanderbilt Univ-Vanderbilt Ortho Inst

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2022

Transaction ID : 11299907

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Hettrich, Carolyn, , , MD,MPH,FAA

Mailing Address 28A Miller Hill Rd

City
Dover

State
MA

Zip Code
02030-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brigham and Women's Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11299908

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

c. Holmes, S Wendell, , , Jr, MD,FAA

Mailing Address 101 Belleclave Rd

City
Columbia

State
SC

Zip Code
29223-3261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Palmetto Health

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11299909

Amount of Each Receipt this Period

100.00

☐ Memo Item

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268.00

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NAME OF COMMITTEE (In Full)

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

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

A. Schmitz, Matthew, R, , MD,FAAOS

Mailing Address 111 Ottawa Run

City

Shavano Park

State

TX

Zip Code

78231-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

San Antonio Military Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2022

Transaction ID : 11299910

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Sheehan, John, P, , MD,FAAOS

Mailing Address 6621 Cuming St

City

Omaha

State

NE

Zip Code

68132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boys Town

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2022

Transaction ID : 11299911

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Chutkan, Norman, Barrington, , MD,FAAOS

Mailing Address 1 E Lexington Ave
Unit 1404

City

Phoenix

State

AZ

Zip Code

85012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The CORE Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2022

Transaction ID : 11299912

Amount of Each Receipt this Period

84.00

☐ Memo Item

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268.00

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NAME OF COMMITTEE (In Full)

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

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

A. Cage, Dori, N, , MD,FAAOS

Mailing Address 4105 Alameda Dr

City
San Diego

State
CA

Zip Code
92103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2022

Transaction ID : 11299914

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. More, Robert, Cameron, , MD, FAAOS

Mailing Address 8100 Wescott Drive
Suite 101

City
Flemington

State
NJ

Zip Code
08822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MidJersey Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2022

Transaction ID : 11299915

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

c. Urband, Christopher, E, , MD,FAAOS

Mailing Address 15066 Almond Orchard Ln

City
San Diego

State
CA

Zip Code
92131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2022

Transaction ID : 11299918

Amount of Each Receipt this Period

800.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1884.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Minor, Frank, Weber, , Sr, MD,FAA

Mailing Address 13397 Loma Rica Dr

City
Grass Valley

State
CA

Zip Code
95945

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2022

Transaction ID : 11299919

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Cimino, William, Gerard, , MD,FAAOS

Mailing Address 52 Beach Road
Suite 207

City
Fairfield

State
CT

Zip Code
06824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Beach Road Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2022

Transaction ID : 11299920

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

c. Parsley, Brian, S, , MD,FAAOS,F

Mailing Address 302 Pine Shadows Dr
Suite 2400

City
Houston

State
TX

Zip Code
77056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UT Health Physicians

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2022

Transaction ID : 11299921

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1168.00

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NAME OF COMMITTEE (In Full)

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

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

A. Damalas, Konstantinos, , MBA

Mailing Address 9400 W Higgins Rd

City
Rosemont

State
IL

Zip Code
60018-4975

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAOS

Occupation (for Individual)
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2022

Transaction ID : 11299922

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Roberson, Rowland, M, , MD, FAAOS

Mailing Address 641 N Lamar Blvd

City
Oxford

State
MS

Zip Code
38655-3235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Specialty Orthopedic Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2022

Transaction ID : 11299923

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Lisella, Jordan, Mills, , MD, FAAOS

Mailing Address 14 Turner Lane

City
Loudonville

State
NY

Zip Code
12211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capital Region Orthopaedic Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2022

Transaction ID : 11299924

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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252.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. DiCaprio, Matthew, R, , MD,FAAOS

Mailing Address 2028 Dobie Lane

City
Schenectady

State
NY

Zip Code
12303

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Albany Medical College

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2022

Transaction ID : 11299933

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Tyndall, William, A, , MD,FAAOS

Mailing Address 123 Brittany Ln

City
Hollidaysburg

State
PA

Zip Code
16648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 19 / 2022

Transaction ID : 11300639

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Woodcock, Jessica, A, , MD,FAAOS

Mailing Address 738 Newman Rd

City
New Bern

State
NC

Zip Code
28562

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carolina Orthopedics and Sports Medici

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 19 / 2022

Transaction ID : 11300640

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

418.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

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

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

Mailing Address 405 NW A St

1101 Horsebarn Road

City

Bentonville

State

AR

Zip Code

72712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mercy Clinic Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2022

Transaction ID : 11300641

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Horning, Joel, , MD, FAAOS

Mailing Address 1888 Windy Hill Rd

City

Lancaster

State

PA

Zip Code

17602-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Lancaster

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2022

Transaction ID : 11300779

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Higgins, Michael, E, , MD, FAAOS

Mailing Address 5236 Rockport Landing

City

Suffolk

State

VA

Zip Code

23435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tidewater Orthopaedic Assoc

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2022

Transaction ID : 11300780

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1184.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Shen, Wen, , , MD,FAAOS

Mailing Address 33 Pond Hills Ct

City
Pleasant Valley

State
NY

Zip Code
12569

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Dutchess Coun

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2022

Transaction ID : 11301675

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Chapman, Cary, B, , MD,FAAOS

Mailing Address 10903 Blue Palm Street

City
Plantation

State
FL

Zip Code
33324

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Miami Orthopedics & Sports Medicine In

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2022

Transaction ID : 11301676

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

c. Stoeckl, Andrew, , , MD, FAAOS

Mailing Address 90 Fairlawn Dr

City
Amherst

State
NY

Zip Code
14226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excelsior Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2022

Transaction ID : 11301677

Amount of Each Receipt this Period

83.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

251.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Chandler, David, R, , MD,FAAOS

Mailing Address 165 Middle Plantation Ln

City

Gulf Breeze

State

FL

Zip Code

32561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Andrews Institute For Orthopaedics & S

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2022

Transaction ID : 11301678

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Sherbondy, Paul, Strawn, , MD, FAAOS

Mailing Address 507 Beaumont Dr

City

State College

State

PA

Zip Code

16801-8311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Penn State Health

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2022

Transaction ID : 11301826

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Kirol, Bernard, G, , MD, FAAOS

Mailing Address 338 Turnwall Ln

City

Elgin

State

SC

Zip Code

29045-9507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Midlands Orthopaedics, PA

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2022

Transaction ID : 11301828

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

243.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Veitch, Andrew, John, , MD,FAAOS

Mailing Address 13416 Desert Zinnia Ct NE

City

Albuquerque

State

NM

Zip Code

87111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of New Mexico, Dept of Orth

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2022

Transaction ID : 11301829

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

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

Mailing Address 1501 Westcliff Drive
Suite 325

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2022

Transaction ID : 11302329

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Barber, Thomas, C, , MD,FAAOS

Mailing Address 450 East 63rd Street
Apt 7L

City

New York City

State

NY

Zip Code

10065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Memorial Sloan Kettering

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2022

Transaction ID : 11302330

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1334.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Torpey, Brian, M, , MD, FAAOS

Mailing Address 31 Deputy Minister Dr

City

Colts Neck

State

NJ

Zip Code

07722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Professional Orthopaedic Associates

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2022

Transaction ID : 11302331

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Rajani, Rajiv, , , MD,FAAOS

Mailing Address 701 Ogden Ln

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of TX Health Sciences Ctr SA

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2022

Transaction ID : 11302332

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

Mailing Address 3 High Meadow Drive

City

Charleston

State

WV

Zip Code

25311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopedic Trauma Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2022

Transaction ID : 11302333

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

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

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

A. Friedmann, Elizabeth, , MD

Mailing Address 2660B Greenbriar Lane

City
AnnapolisState
MDZip Code
21401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of MarylandOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2022

Transaction ID : 11302335

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Choi, Daniel, , MD,FAAOS

Mailing Address 63 Knolls Dr N

City
New Hyde ParkState
NYZip Code
11040-1147FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Long Island Spine Specialists, PCOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2022

Transaction ID : 11302337

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Raabe, Todd, Martin, , MD,FAAOS

Mailing Address 16987 FM 756

City
WhitehouseState
TXZip Code
75791-9400FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Azalea OrthopedicsOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2022

Transaction ID : 11302339

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

584.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. Navarro, Ronald, Anthony, , MD,FAAOS

Mailing Address 18 Wide Loop Rd

City
Rolling Hills

State
CA

Zip Code
90274

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente South Bay

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2022

Transaction ID : 11302343

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Kunes, Justin, Ronald, , MD,FAAOS

Mailing Address 1211 Johnson Ferry Rd

City
Marietta

State
GA

Zip Code
30067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Piedmont Physicians Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2022

Transaction ID : 11302344

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Fissel, Brian, Anthony, , MD, FAAOS

Mailing Address 6451 Westway Road

City
Saint Louis

State
MO

Zip Code
63109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Signature Health Services

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 24 / 2022

Transaction ID : 11302346

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1334.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. Carlson, Joseph, W, , MD, FAAOS

Mailing Address 9515 Sibley Dr

City
Bismarck

State
ND

Zip Code
58504

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Resurgens Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 25 / 2022

Transaction ID : 11302822

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

B. Beltran, Michael, John, , MD,FAAOS

Mailing Address UC Dept of Orthopaedic Surgery
231 Albert Sabin Way Room 5553

City
Cincinnati

State
OH

Zip Code
45267-0212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Department of Orthopaedics and Rehabil

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2022

Transaction ID : 11302826

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Schnaser, Erik, Allen, , MD,FAAOS

Mailing Address 75538 Desierto Dr

City
Indian Wells

State
CA

Zip Code
92210-8444

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eisenhower Desert Orthopaedic Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2022

Transaction ID : 11302827

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

2334.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Mitros, Stephen, F, , MD, FAAOS

Mailing Address 51045 Erin Glen Dr

City
Granger

State
IN

Zip Code
46530

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mitros Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2022

Transaction ID : 11302828

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Warner, William, C, , Jr, MD, FA

Mailing Address 215 East Cherry Circle

City
Memphis

State
TN

Zip Code
38117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 26 / 2022

Transaction ID : 11304549

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Harris, Ryan, N, , DO,FAAOS

Mailing Address 1685 Turnberry Ln

City
Riner

State
VA

Zip Code
24149-2582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 27 / 2022

Transaction ID : 11304583

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

625.67

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Gary, Joshua, Layne, , MD,FAAOS

Mailing Address 951 Descanso Dr

City

La Canada Flintridge

State

CA

Zip Code

91011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Keck School of Medicine of USC

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11304587

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Scales, Darrell, Kevin, , MD,FAAOS

Mailing Address 5425 Golf View Dr

City

Braselton

State

GA

Zip Code

30517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Georgia Physicians Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11304588

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

c. Carolan, Gregory, Francis, , MD,FAAOS

Mailing Address 1806 Meadow Ridge Ct

City

Bethlehem

State

PA

Zip Code

18015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Luke's Ortho Surg Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11304589

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

268.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. Allard, Mark, Michael, , MD,FAAOS

Mailing Address 3010 Cortney Circle

City
Siloam Springs

State
AR

Zip Code
72761

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11304590

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. McClintock, Kyle, Ross, , DO,MBA

Mailing Address 5460 Parkford Circle

City
Granite Bay

State
CA

Zip Code
95746

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The CORE Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11304591

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Della Rocca, Gregory, John, , MD,PhD,FAA

Mailing Address 1415 Stonehaven Rd

City
Columbia

State
MO

Zip Code
65203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Missouri

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11304592

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

584.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

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

A. Reid, J, Spence, , MD,FAAOS

Mailing Address 500 University Drive

Department of Orthopaedics

City

Hershey

State

PA

Zip Code

17036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Penn State

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11304593

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Giuseffi, Steven, A, , MD,FAAOS

Mailing Address 4784 Enchanted Pines Dr

City

Rapid City

State

SD

Zip Code

57701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Black Hills Orthopedic and Spine Cente

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11304594

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

c. Snyder, Barry, J, , MD,FAAOS

Mailing Address 497 Long Ln

City

Huntingdon Valley

State

PA

Zip Code

19006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11304595

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

418.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

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

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

A. Crosland, Edward, M, , MD,FAAOS

Mailing Address 389 Woldus Rd

City

North Augusta

State

SC

Zip Code

29841

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Champion Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11304596

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hyatt, Adam, E, , MD,FAAOS

Mailing Address 736 Honey Farm Rd

City

Lititz

State

PA

Zip Code

17543-6640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Lancaster

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11304705

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Allison, Daniel, Christopher, , MD,MBA,FAA

Mailing Address 3041 Laurel Canyon Blvd

City

Los Angeles

State

CA

Zip Code

91604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cedars-Sinai Department of Orthopedic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11304722

Amount of Each Receipt this Period

800.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

2050.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Carson, James, H, , MD,FAAOS

Mailing Address 608 Belgian Way

City

Lititz

State

PA

Zip Code

17543

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopedic Associates of Lancaster

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2022

Transaction ID : 11305075

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Caggiano, Nicholas, M, , MD, FAAOS

Mailing Address 862 Meinecke Ave
Suite 100

City

San Luis Obispo

State

CA

Zip Code

93405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Luke's Ortho Surgery Residency

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2022

Transaction ID : 11305077

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Wright, Craig, , , MD,FAAOS

Mailing Address 3 Briar Hill Rd

City

Montclair

State

NJ

Zip Code

07042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Resurgens Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2022

Transaction ID : 11305524

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Lajam, Claudette, Malvina, , MD,FAAOS

Mailing Address 30 Knollwood Dr

City
Larchmont

State
NY

Zip Code
10538-1238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hosp for Joint Disease

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2022

Transaction ID : 11305525

Amount of Each Receipt this Period

1250.00

☐ Memo Item

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

B. Kirk, Kevin, L, , DO,FAAOS

Mailing Address 20842 Great Navajo

City
San Antonio

State
TX

Zip Code
78257

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The San Antonio Orthopedic Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2022

Transaction ID : 11305529

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Mejia, Alfonso, , , MD,MPH,FAA

Mailing Address 5332 South Shore Drive

City
Chicago

State
IL

Zip Code
60615-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Illinois Association of Orthopedic Sur

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2022

Transaction ID : 11305530

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

2334.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

A. Urrea, Luis, H, , II, MD,FAA Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 5009 Vista Del Monte City El Paso State TX Zip Code 79922 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) El Paso Orthopaedic Surgery Group Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2022 Transaction ID : 11305532 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
B. Gill, John, T, , MD,FAAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 8230 Walnut Hill Ln Ste 708 City Dallas State TX Zip Code 75231 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.34			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2022 Transaction ID : 11305533 Amount of Each Receipt this Period 166.67 <input type="checkbox"/> Memo Item
c. Halsey, David, A, , MD,FAAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address PO Box 9000 #132 City Edgartown State MA Zip Code 02539 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Martha's Vineyard Hospital Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2022 Transaction ID : 11305534 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional).....			1416.67
TOTAL This Period (last page this line number only).....			

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. Redfern, Fred, C, , MD,FAAOS

Mailing Address 9 Via Tiberina

City
Henderson

State
NV

Zip Code
89011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2022

Transaction ID : 11305536

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Leffers, Kevin, John, , MD

Mailing Address 4922 Stratford Rd

City
Fort Wayne

State
IN

Zip Code
46807-2947

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fort Wayne Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2022

Transaction ID : 11305540

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Arend, Thomas, E, , Jr,

Mailing Address 9400 W Higgins Rd

City
Rosemont

State
IL

Zip Code
60018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AAOS

Occupation (for Individual)

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11305542

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

434.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

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

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

A. Panchbhavi, Vinod, Kumar, , MD,FAAOS,F

Mailing Address 1165 Rymers Switch Lane

City
Friendswood

State
TX

Zip Code
77546

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Texas Medical Branch

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11305543

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Priore, Anthony, , ,

Mailing Address 9400 W Higgins Rd Ste 100

City
Rosemont

State
IL

Zip Code
60018-4975

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAOS

Occupation (for Individual)
Chief Marketing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11305544

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Teuscher, David, Dean, , MD,FAAOS

Mailing Address 6330 Cobblestone Lane

City
Arlington

State
TX

Zip Code
76001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2022

Transaction ID : 11305545

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

418.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

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

A. Iorio, Richard, , , MD,FAAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 31 Prince St City Beverly State MA Zip Code 01915 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Brigham and Women's Hospital Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2022 Transaction ID : 11305546 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item
B. Sisko, Zachary, , , MD,FAAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 95 Woodhaven Dr City Pittsburgh State PA Zip Code 15228 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2022 Transaction ID : 11305547 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
c. Wynder, Steven, G, , MD,FAAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 5290 W 612 N City Huntington State IN Zip Code 46750 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Parkview Ortho Hospital Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 02 / 2022 Transaction ID : 11306225 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			418.00
TOTAL This Period (last page this line number only)..... ▶			

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

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NAME OF COMMITTEE (In Full)

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

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

A. Bushnell, Brandon, Dubose, , MD,MBA,FAA

Mailing Address 60 Fallen Branch Circle SE

City
Rome

State
GA

Zip Code
30161

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Harbin Clinic Orthopedics and Sports M

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2022

Transaction ID : 11306226

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Cassidy, Carter, , , MD, FAAOS

Mailing Address 4890 Faulkirk Lane

City
Lexington

State
KY

Zip Code
40515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Kentucky Res Program

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2022

Transaction ID : 11306227

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Gottschalk, Michael, Brandon, , MD,FAAOS

Mailing Address 4799 Olde Village Cv

City
Atlanta

State
GA

Zip Code
30338-5055

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emory University

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2022

Transaction ID : 11306228

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

420.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Knight, Bradford, S, , MD, FAAOS

Mailing Address 11701 Pine Tree Dr

City
Fairfax

State
VA

Zip Code
22033-2712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Prince William Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2022

Transaction ID : 11306229

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Smith, Eric, Louis, , MD,FAAOS

Mailing Address 1573 Beacon Street

City
Waban

State
MA

Zip Code
02468

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Boston Medical Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2022

Transaction ID : 11306230

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Bailey, James, R, , MD,FAAOS

Mailing Address 10439 Blue Summit Court

City
San Diego

State
CA

Zip Code
92131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Naval Medical Center San Diego

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2022

Transaction ID : 11306297

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

376.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Everman, David, Glenn, , MD, FAAOS

Mailing Address 57 Bayberry Ln

City
Myrtle Beach

State
SC

Zip Code
29572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2022

Transaction ID : 11306298

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Eichinger, Josef, Karl, , MD,FAAOS

Mailing Address 346 Rhoden Island Dr

City
Daniel Island

State
SC

Zip Code
29492

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical University of South Carolina

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2022

Transaction ID : 11306991

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Drew, Otis, R, , MD, FAAOS

Mailing Address 415 Red Robin Trl

City
Lafayette

State
LA

Zip Code
70508

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regional Orthopedics and Sports Medici

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2022

Transaction ID : 11307008

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Westerheide, Edward, L., MD,FAAOS

Mailing Address 800 Westwood Dr

City
Newark

State
OH

Zip Code
43055

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ortho Specialists & Sports Med Inc.

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2022

Transaction ID : 11307035

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Todd, Michael, S., DO,FAAOS

Mailing Address 16533 Glendale Dr

City
Westfield

State
IN

Zip Code
46074-7004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio State University-Dept Orthopaedic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2022

Transaction ID : 11307042

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Brenneman, Rodney, E., MD, FAAOS

Mailing Address 1218 Cameron Drive

City
Manheim

State
PA

Zip Code
17545

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Lancaster

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2022

Transaction ID : 11307046

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

2500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

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

A. Black, David, Albritton, , MD,PhD

Mailing Address 12112 Fairway Drive

City
Little Rock

State
AR

Zip Code
72212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Arkansas

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2022

Transaction ID : 11307051

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Prohaska, Matthew, G, , MD,FAAOS

Mailing Address 69 Griggs Hill Road

City
Danville

State
VT

Zip Code
05828

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVRH Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2022

Transaction ID : 11307052

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Townsend, Peter, F, , MD, FAAOS,

Mailing Address 1941 Limestone Road
Suite 101

City
Wilmington

State
DE

Zip Code
19808

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Delaware Orthopaedic Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2022

Transaction ID : 11307062

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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1168.00

SCHEDULE A (FEC Form 3X)
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<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

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

A. Springmeyer, Craig, R, , MD,FAOS

Mailing Address 2905 North Pointe Dr

City
ShreveportState
LAZip Code
71106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Highland ClinicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 04 / 2022**Transaction ID : 11307064**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Rodriguez, Jose, Esteban, , MD, FAAOS

Mailing Address 315 Electra Dr

City
HoustonState
TXZip Code
77073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Institute for Spinal DisordOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 04 / 2022**Transaction ID : 11307095**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Hartman, Andrew, P, , MD, FAAOS

Mailing Address 1323 Bello Mar Dr

City
EncinitasState
CAZip Code
92024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 04 / 2022**Transaction ID : 11307135**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Lintecum, Neal, D, , MD,FAAOS

Mailing Address 789 N 1500 Road

City
Lawrence

State
KS

Zip Code
66049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2022

Transaction ID : 11307374

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Brolin, Tyler, James, , MD,FAAOS

Mailing Address 9294 Ingleside Farms Drive South

City

Germantown

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Campbell Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2022

Transaction ID : 11307375

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Murphy, Daniel, J, , MD, FAAOS

Mailing Address 4115 Medical Center Dr
Suite 104

City

Fayetteville

State

NY

Zip Code

13066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Syracuse Orthopedic Specialists

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2022

Transaction ID : 11307377

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

950.00

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NAME OF COMMITTEE (In Full)

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

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

A. Snook, Derek, L, , MD,FAOS

Mailing Address 7363 Milton Ct

City
New Albany

State
OH

Zip Code
43054

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 05 / 2022

Transaction ID : 11307836

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Rapp, Catherine, Marie, , MD,MBA,FAA

Mailing Address 48 Doctors Park

City
Cape Girardeau

State
MO

Zip Code
63703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 05 / 2022

Transaction ID : 11308513

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Schmale, Gregory, A, , MD, FAAOS

Mailing Address 6515 126th Ave NE

City
Kirkland

State
WA

Zip Code
98033-8569

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Seattle Children's Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2022

Transaction ID : 11308515

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

2084.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Hasan, Syed, Ashfaq, , MD,FAAOS

Mailing Address 7730 Elmwood Road

City
Fulton

State
MD

Zip Code
20759

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Maryland School of Medic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2022

Transaction ID : 11308516

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Burke, Charles, J, , III, MD, F

Mailing Address 200 Delafield Rd
Ste 4010

City
Pittsburgh

State
PA

Zip Code
15215-3235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UPMC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2022

Transaction ID : 11308517

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Archdeacon, Michael, T, , MD,FAAOS

Mailing Address 4538 Philnoll Dr

City
Cincinnati

State
OH

Zip Code
45247-5079

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC Dept of Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2022

Transaction ID : 11308518

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

584.00

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NAME OF COMMITTEE (In Full)

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

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

A. Gomez, Gregory, , , MD

Mailing Address 6201 Moonfield Dr

City

Huntington Beach

State

CA

Zip Code

92648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emanate Health

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2022

Transaction ID : 11308519

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Sanders, Thomas, H, , MD, FAAOS

Mailing Address 9125 Falls Run Road

City

McLean

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2022

Transaction ID : 11308521

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Le, Theodore, Toan, , MD,FAAOS

Mailing Address 7735 Hartford Hills Lane

City

Montgomery

State

OH

Zip Code

45242

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UOCC

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2022

Transaction ID : 11308526

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1550.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Casey, Brendan, , , DO

Mailing Address 1211 Country Club Drive

City
Lancaster

State
PA

Zip Code
17601-5207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Community General Osteopathic Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2022

Transaction ID : 11308537

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Green, Daniel, William, , MD,FAAOS

Mailing Address 535 E 70th St

City
New York

State
NY

Zip Code
10021-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hosp for Special Surgery

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2022

Transaction ID : 11308857

Amount of Each Receipt this Period

175.00

☐ Memo Item

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

C. Mosley, Emmett, Wayne, , MD,FAAOS,F

Mailing Address 220 Thompson Pl

City
Roswell

State
GA

Zip Code
30075-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Aspirus

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2022

Transaction ID : 11308858

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1259.00

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NAME OF COMMITTEE (In Full)

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

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

A. Kiner, Dirk, W, , MD,FAAOS

Mailing Address 449 Canyon Springs Dr

City
Hixson

State
TN

Zip Code
37343-2387

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Southern Orthopaedic Trauma Surgeons

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2022

Transaction ID : 11308859

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Gallant, Gregory, G, , MD,MBA,FAA

Mailing Address 3588 Wellsford Lane

City

Doylestown

State

PA

Zip Code

18902-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rothman Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2022

Transaction ID : 11308860

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Lane, Joseph, M, , MD,FAAOS

Mailing Address 535 E 86th St Apt 14F

City

New York City

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hosp for Special Surgery

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2022

Transaction ID : 11308861

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

417.33

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Leddy, Michael, J, , III, MD,FA

Mailing Address 3444 Masonic Dr

City
Alexandria

State
LA

Zip Code
71301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Central Louisiana Surgical Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2022

Transaction ID : 11308862

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Mejia, Alfonso, , , MD,MPH,FAA

Mailing Address 5332 South Shore Drive

City
Chicago

State
IL

Zip Code
60615-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Illinois Association of Orthopedic Sur

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2022

Transaction ID : 11308863

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

c. Drinkwater, Christopher, John, , MD

Mailing Address 85 Barrington St

City
Rochester

State
NY

Zip Code
14607-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Rochester

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2022

Transaction ID : 11308864

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

584.00

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NAME OF COMMITTEE (In Full)

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

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

A. **Clain, Michael, R, , MD,FAAOS**

Mailing Address 9 Indian Head Road

City
Riverside

State
CT

Zip Code
06878-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic & Neurosurgery Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2022

Transaction ID : 11308865

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. **Silverman, Lance, M, , MD,FAAOS**

Mailing Address 2774 W Lake of the Isles Pkwy

City
Minneapolis

State
MN

Zip Code
55416

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Silverman Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2022

Transaction ID : 11308866

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. **Service, Benjamin, , , MD,FAAOS**

Mailing Address 8710 Crestgate Circle

City
Orlando

State
FL

Zip Code
32819-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orlando Health

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2022

Transaction ID : 11308867

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

418.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Flemister, Adolph, Samuel, , Jr, MD,FAA

Mailing Address 22 Delancey CT

City
Pittsford

State
NY

Zip Code
14534

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Rochester Med Ctr

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2022

Transaction ID : 11309491

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Gillespie, Robert, J, , MD,FAAOS

Mailing Address 2920 Drummond Rd

City

Shaker Heights

State

OH

Zip Code

44120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ Hosp of Cleveland

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2022

Transaction ID : 11309527

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Clyde, Corey, , , MD

Mailing Address 4600 Crossings Blvd
Apt E408

City

Lancaster

State

PA

Zip Code

17601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jacobs School of Medicine and Biomedic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2022

Transaction ID : 11309785

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1750.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Foley, James, Alexander, , MD,FAAOS

Mailing Address 1705 E Bristlecone Dr

City
Hartland

State
WI

Zip Code
53029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Associates of Wisconsin

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2022

Transaction ID : 11309789

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Davidson, Marc, Romyne, , MD, FAAOS

Mailing Address 2088 Alpine Dr

City
West Linn

State
OR

Zip Code
97068

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advantage Orthopedic & Sports Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2022

Transaction ID : 11309790

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Frankle, Mark, A, , MD,FAAOS

Mailing Address 915 Mooring Circle

City
Tampa

State
FL

Zip Code
33602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Florida Ortho Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2022

Transaction ID : 11310150

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

3000.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Nahigian, Kevin, K, , MD, FAAOS

Mailing Address 85 Red Bay Rd

City
Elgin

State
SC

Zip Code
29045-8684

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carolina Shoulder & Knee Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2022

Transaction ID : 11310156

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Glassman, Andrew, H, , MD,MS,FAAO

Mailing Address 126 North Drexel Avenue

City
Columbus

State
OH

Zip Code
43209-1427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio State University Wexner Medical C

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2022

Transaction ID : 11310157

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

c. Meyer, Thomas, J, , MD,FAAOS

Mailing Address 539 Allview Terrace

City
Laguna Beach

State
CA

Zip Code
92651-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2022

Transaction ID : 11310329

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

468.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Bernard, Johnathan, , , MD, MPH, F

Mailing Address 21549 Glebe View Dr

City
Broadlands

State
VA

Zip Code
20148-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Sports Medicine Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2022

Transaction ID : 11310343

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Dodds, Julie, A, , MD,FAOS

Mailing Address 2603 90th Ave

City
Lone Rock

State
IA

Zip Code
50559-8556

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Center for Specialty Care

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2022

Transaction ID : 11310344

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Means, Kenneth, Robert, , Jr, MD, FA

Mailing Address 2908 Crabapple Ln

City
Ellicott City

State
MD

Zip Code
21042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Union Memorial Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2022

Transaction ID : 11310345

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

418.00

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NAME OF COMMITTEE (In Full)

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

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

A. Braaton, Paul, J, , MD,FAAOS

Mailing Address 1335 Coffee Rd
Ste 100

City
Modesto

State
CA

Zip Code
95355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoMed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2022

Transaction ID : 11310346

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Espinoza, Luis, M, , MD, FAAOS

Mailing Address 5 Savannah Ridge Lane

City
Metairie

State
LA

Zip Code
70001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Center for Sports Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2022

Transaction ID : 11310347

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Schneider, Scott, B, , MD,FAAOS

Mailing Address 1180 Mary Hill Circle

City
Hartland

State
WI

Zip Code
53029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Associates of Wisconsin

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2022

Transaction ID : 11310348

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

418.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. John, Thomas, K, , MD,FAAOS

Mailing Address 522 Eastbrook Rd

City
Ridgewood

State
NJ

Zip Code
07450-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Active Orthopedics and Sports Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2022

Transaction ID : 11310349

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Watling, Jonathan, , , MD

Mailing Address 65 Starboard Reach

City
Yarmouth

State
ME

Zip Code
04096

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia University

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2022

Transaction ID : 11310350

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Mansfield, David, J, , MD,FAAOS

Mailing Address 5019 Montoya Rd

City
El Paso

State
TX

Zip Code
79922-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
El Paso Orthopaedic Surgery Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

585.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2022

Transaction ID : 11310351

Amount of Each Receipt this Period

166.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

500.67

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Hogan, Kathleen, Anne, , MD, FAAOS

Mailing Address 125 Castle Hill Rd

City
Windham

State
NH

Zip Code
03087

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

NH Ortho Ctr

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2022

Transaction ID : 11310352

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Krueger, Chad, A, , MD,FAAOS

Mailing Address 705 Kyle Dr

City
Ambler

State
PA

Zip Code
19002-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rothman Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2022

Transaction ID : 11310555

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. James, Jeremy, R, , MD,FAAOS

Mailing Address 7 Briar Hollow St

City
Covington

State
LA

Zip Code
70433-4511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

DISC of Louisiana

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2022

Transaction ID : 11310556

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

434.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Courtney, Paul, Maxwell, , MD,FAAOS

Mailing Address 1005 Millbrook Rd

City
Berwyn

State
PA

Zip Code
19312-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rothman Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 14 / 2022

Transaction ID : 11311151

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Carter, Ralph, E, , III, MD, F

Mailing Address 201 Sterling Ln

City

Laurinburg

State

NC

Zip Code

28352

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 14 / 2022

Transaction ID : 11311152

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Wolf, Megan, Rianne, , MD

Mailing Address 5816 Zinfandel St

City

Winston-Salem

State

NC

Zip Code

27106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Forest Baptist

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 14 / 2022

Transaction ID : 11311153

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

584.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Guevara, Benjamin, G, , MD, FAAOS

Mailing Address 280 Remington Dr

City
Mandeville

State
LA

Zip Code
70448

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ochsner Health Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2022

Transaction ID : 11311156

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Danoff, Jonathan, , , MD, FAAOS

Mailing Address 9 Orchard Road

City
Great Neck

State
NY

Zip Code
11021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Columbia University

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2022

Transaction ID : 11311158

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Forman, Scott, K, , MD, FAAOS

Mailing Address 25 High Water

City
Newport Coast

State
CA

Zip Code
92657-2149

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2022

Transaction ID : 11311159

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Lopez, David, Vincent, , MD,FAAOS

Mailing Address 27 Courtney Ct

City
Freehold

State
NJ

Zip Code
07728

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic & Sports Medicine Speciali

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 02 / 2022

Transaction ID : 11311661

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Urband, Lindsey, , , MD,FAAOS

Mailing Address 15066 Almond Orchard Lane
Suite 403

City
San Diego

State
CA

Zip Code
92131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
San Diego Hand Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2022

Transaction ID : 11311663

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Grosso, Matthew, , , MD

Mailing Address 5 Pembroke Dr

City
Avon

State
CT

Zip Code
06001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Orthopaedics New England

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2022

Transaction ID : 11311664

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

252.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Tabaie, Sean, , MD,FAOS

Mailing Address 1219 Delafield PI NW

City
Washington

State
DC

Zip Code
20011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Children's National Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2022

Transaction ID : 11311665

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Engstrom, Stephen, Matthew, , MD,FAOS

Mailing Address 9207 Duncaster Ct

City
Brentwood

State
TN

Zip Code
37027

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vanderbilt Univ-Vanderbilt Ortho Inst

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 04 / 2022

Transaction ID : 11311666

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

c. Hettrich, Carolyn, , , MD,MPH,FAA

Mailing Address 28A Miller Hill Rd

City
Dover

State
MA

Zip Code
02030-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brigham and Women's Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2022

Transaction ID : 11311667

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

252.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. Holmes, S Wendell, , , Jr, MD,FAA

Mailing Address 101 Belleclave Rd

City
Columbia

State
SC

Zip Code
29223-3261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Palmetto Health

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2022

Transaction ID : 11311668

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Schmitz, Matthew, R, , MD,FAAOS

Mailing Address 111 Ottawa Run

City

Shavano Park

State

TX

Zip Code

78231-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
San Antonio Military Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2022

Transaction ID : 11311669

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

c. Sheehan, John, P, , MD,FAAOS

Mailing Address 6621 Cuming St

City

Omaha

State

NE

Zip Code

68132

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Boys Town

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2022

Transaction ID : 11311670

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

284.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Chutkan, Norman, Barrington, , MD,FAAOS

Mailing Address 1 E Lexington Ave
Unit 1404

City
Phoenix

State
AZ

Zip Code
85012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The CORE Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2022

Transaction ID : 11311671

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Ritchie, William, L, , MD,MBA,FAA

Mailing Address 2100 Louisiana Blvd
Ste 410

City

Albuquerque

State
NM

Zip Code
87110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New Mexico Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2022

Transaction ID : 11311672

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. More, Robert, Cameron, , MD, FAAOS

Mailing Address 8100 Wescott Drive
Suite 101

City

Flemington

State
NJ

Zip Code
08822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MidJersey Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2022

Transaction ID : 11311673

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

418.00

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

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NAME OF COMMITTEE (In Full)

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

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

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

Mailing Address 52 Beach Road
Suite 207

City
Fairfield

State
CT

Zip Code
06824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Beach Road Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2022

Transaction ID : 11311674

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

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

Mailing Address 302 Pine Shadows Dr
Suite 2400

City
Houston

State
TX

Zip Code
77056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT Health Physicians

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2022

Transaction ID : 11311675

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Damalas, Konstantinos, , , MBA

Mailing Address 9400 W Higgins Rd

City
Rosemont

State
IL

Zip Code
60018-4975

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAOS

Occupation (for Individual)
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2022

Transaction ID : 11311676

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

252.00

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NAME OF COMMITTEE (In Full)

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

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

A. Fragomen, Austin, Thomas, , MD,FAAOS

Mailing Address 48-25 64th St

City
Woodside

State
NY

Zip Code
11377

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hospital for Special Surgery

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 13 / 2022

Transaction ID : 11311677

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. McCulloch, Patrick, T, , MD, FAAOS

Mailing Address 307 Buckingham Drive

City
Venetia

State
PA

Zip Code
15367

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Advanced Ortho & Rehab

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 17 / 2022

Transaction ID : 11311883

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Greene, Robert, Neil, , MD,FAAOS

Mailing Address 1211 N 16th Ave

City
Yakima

State
WA

Zip Code
98902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopedics Northwest PLLC

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 17 / 2022

Transaction ID : 11311884

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

268.00

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NAME OF COMMITTEE (In Full)

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

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

A. Olsen, Adam, S., MD

Mailing Address 3686 Washington Street
Apt 2520

City
Boston

State
MA

Zip Code
02130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brigham and Women's Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 17 / 2022

Transaction ID : 11311885

Amount of Each Receipt this Period

42.00

☐ Memo Item

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

B. Kraushaar, Barry, S., MD,FAOS

Mailing Address 3 Divot Pl

City
Suffern

State
NY

Zip Code
10901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Ortho & Sports Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 17 / 2022

Transaction ID : 11311886

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Viehe, Thomas, Blake, , MD,FAOS

Mailing Address 34917 Fairview Rd

City
Oconomowoc

State
WI

Zip Code
53066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Wisconsin

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 17 / 2022

Transaction ID : 11312229

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

626.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

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

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

A. Winston, Jonathan, , MD

Mailing Address 4534 Shadowbrook Court

City
Bettendorf

State
IA

Zip Code
52722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ORA Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2022

Transaction ID : 11312235

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Robon, Matthew, Joseph, , MD, FAAOS

Mailing Address 3464 NE Harrison St

City
Issaquah

State
WA

Zip Code
98029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Proliance Orthopedics & Sports Med

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2022

Transaction ID : 11312509

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Maender, Christopher, W, , MD, FAAOS

Mailing Address 4509 Turtle Bay

City
Springfield

State
IL

Zip Code
62711

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Center of Illinois

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2022

Transaction ID : 11312626

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

584.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Tyndall, William, A, , MD,FAAOS

Mailing Address 123 Brittany Ln

City
Hollidaysburg

State
PA

Zip Code
16648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2022

Transaction ID : 11312628

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Woodcock, Jessica, A, , MD,FAAOS

Mailing Address 738 Newman Rd

City
New Bern

State
NC

Zip Code
28562

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carolina Orthopedics and Sports Medici

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2022

Transaction ID : 11312629

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Cooper, Scott, Snow, , MD,FAAOS

Mailing Address 405 NW A St
1101 Horsebarn Road

City
Bentonville

State
AR

Zip Code
72712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mercy Clinic Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2022

Transaction ID : 11312630

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

252.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Smith, Steven, Brent, , MD, FAAOS

Mailing Address 2790 Clay Edwards Dr Ste 1230

City

North Kansas City

State

MO

Zip Code

64116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Northland Orthopedics and Sports Medic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 19 / 2022

Transaction ID : 11312728

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Mahalek, James, M, , MD, FAAOS

Mailing Address 2416 W 34th Street PI

City

Kearney

State

NE

Zip Code

68845

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

New West Sports Medicine and Orthopaed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 19 / 2022

Transaction ID : 11312731

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Dee, Michael, Scot, , MD, FAAOS

Mailing Address 6496 Fairview Dr

City

Morgan

State

UT

Zip Code

84050

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 20 / 2022

Transaction ID : 11312840

Amount of Each Receipt this Period

250.00

☐ Memo Item

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2250.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Higgins, Michael, E, , MD, FAAOS

Mailing Address 5236 Rockport Landing

City
Suffolk

State
VA

Zip Code
23435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tidewater Orthopaedic Assoc

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11312841

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Moore, Slade, C, , MD, FAAOS

Mailing Address 1209 Carriage House Dr

City
Colfax

State
NC

Zip Code
27235-9420

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11312911

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Petrosini, Anthony, V, , MD, FAAOS

Mailing Address 310 Passaic Avenue

City
Spring Lake

State
NJ

Zip Code
07762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 18 / 2022

Transaction ID : 11312913

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

2100.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Daws, Snow, B, , MD

Mailing Address 2728 Greenwich Road

City
Winston Salem

State
NC

Zip Code
27104-4037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Forest Univ School of Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2022

Transaction ID : 11312920

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gialamas, Gus, G, , MD, FAAOS

Mailing Address 653 Camino De Los Mares
Ste 109

City
San Clemente

State
CA

Zip Code
92673-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Seaview Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11312955

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Kofoed, John, Charles, , MD, FAAOS

Mailing Address 2619 Seminole Ct

City
Fairfield

State
CA

Zip Code
94534-7871

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sutter Medical Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313055

Amount of Each Receipt this Period

89.00

☐ Memo Item

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1339.00

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NAME OF COMMITTEE (In Full)

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

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

A. Callewart, Craig, C, , MD, FAAOS

Mailing Address 3825 Stratford Ave

City
Dallas

State
TX

Zip Code
75205-2814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313056

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Bernholt, David, , , MD

Mailing Address 3126 Chapel Woods Cv

City

Germantown

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Campbell Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313058

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Bettin, Clayton, Charles, , MD,FAAOS

Mailing Address 5047 Shady Hall Ct

City

Memphis

State

TN

Zip Code

38117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Campbell Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313059

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1083.34

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

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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

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

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

A. Campion, Chad, Evan, , MD

Mailing Address Dept of Orthopaedic Surgery
1400 South Germantown Rd

City
Germantown

State
TN

Zip Code
38138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of TN-Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313061

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

Mailing Address 1458 W Poplar Ave
Ste 100

City
Collierville

State
TN

Zip Code
38017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313062

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Grear, Benjamin, J, , MD,FAAOS

Mailing Address 219 Lagrange Creek Drive

City
Eads

State
TN

Zip Code
38028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313064

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.01

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

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

A. Guyton, James, L, , MD,FAOS

Mailing Address 6422 Massey Estates Cove

City
Memphis

State
TN

Zip Code
38120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313065

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Harkess, James, W, , MD,FAOS

Mailing Address 9566 Fox Hill Circle S

City
Germantown

State
TN

Zip Code
38139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313066

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Heck, Robert, Kurt, , Jr, MD, FA

Mailing Address 4938 Barfield Rd

City
Memphis

State
TN

Zip Code
38117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313067

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

125.01

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

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

A. Kelly, Derek, Michael, , MD,FAAOSMailing Address 1458 W Poplar Ave
Suite 100City
ColliervilleState
TNZip Code
38017FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell ClinicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M	D D	Y Y Y Y
05	20	2022

Transaction ID : 11313068

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Mihalko, Marc, J, , MD, FAAOS

Mailing Address 4079 Barfield Road

City

Memphis

State

TN

Zip Code

38117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell ClinicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M	D D	Y Y Y Y
05	20	2022

Transaction ID : 11313071

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Murphy, Garnett, Andrew, , MD,FAAOS

Mailing Address 1400 S Germantown Rd

City

Germantown

State

TN

Zip Code

38138-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell ClinicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M	D D	Y Y Y Y
05	20	2022

Transaction ID : 11313072

Amount of Each Receipt this Period

41.67

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

125.01

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NAME OF COMMITTEE (In Full)

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

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

A. Richardson, David, R, , MD,FAAOS

Mailing Address 636 Center Dr

City
Memphis

State
TN

Zip Code
38112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313076

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Rider, Carson, Mills, , MD

Mailing Address Dept of Orthopaedic Surgery
2372 Corinne Oak Court

City
Memphis

State
TN

Zip Code
38119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313077

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Rudloff, Matthew, Ian, , MD, FAAOS

Mailing Address 10211 Ramblewood Dr

City
Arlington

State
TN

Zip Code
38002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313078

Amount of Each Receipt this Period

41.67

☐ Memo Item

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125.01

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

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NAME OF COMMITTEE (In Full)

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

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

A. Sawyer, Jeffrey, R, , MD, FAAOS

Mailing Address 4450 Chickasaw Road

City
Memphis

State
TN

Zip Code
38117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313079

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Sheffer, Benjamin, West, , MD,FAAOS

Mailing Address 281 Ben Avon Way

City
Memphis

State
TN

Zip Code
38111-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313080

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Thompson, Norfleet, Buckner, , MD, FAAOS

Mailing Address 3784 Highland Park Place

City
Memphis

State
TN

Zip Code
38111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313083

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.01

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. Throckmorton, Thomas, Ward, , MD,FAAOS

Mailing Address 4901 Fairfield Circle

City
Memphis

State
TN

Zip Code
38117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313084

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Warner, William, C, , Jr, MD, FA

Mailing Address 215 East Cherry Circle

City
Memphis

State
TN

Zip Code
38117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313085

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Weinlein, John, C, , MD,FAAOS

Mailing Address 633 Valleybrook Dr

City
Memphis

State
TN

Zip Code
38120-2707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313086

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.01

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

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

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

A. Williams, Keith, D, , MD, FAAOS

Mailing Address 2336 Pinnacle Creek Dr

City
Germantown

State
TN

Zip Code
38138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313087

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Thompson, Matthew, Michael, , MD,FAAOS

Mailing Address 1102 Dead Run Dr

City
Mc Lean

State
VA

Zip Code
22101-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Drisko, Fee & Parkins

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2022

Transaction ID : 11313134

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Shen, Wen, , , MD,FAAOS

Mailing Address 33 Pond Hills Ct

City
Pleasant Valley

State
NY

Zip Code
12569

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Dutchess Coun

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2022

Transaction ID : 11313137

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1125.67

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

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

A. Chapman, Cary, B, , MD,FAAOS

Mailing Address 10903 Blue Palm Street

City
Plantation

State
FL

Zip Code
33324

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Miami Orthopedics & Sports Medicine In

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 21 / 2022

Transaction ID : 11313138

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Stoeckl, Andrew, , , MD, FAAOS

Mailing Address 90 Fairlawn Dr

City
Amherst

State
NY

Zip Code
14226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Excelsior Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

05 / 21 / 2022

Transaction ID : 11313139

Amount of Each Receipt this Period

83.00

☐ Memo Item

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

c. Stronach, Benjamin, M, , MD,FAAOS

Mailing Address 16 Piedmont Ln

City
Little Rock

State
AR

Zip Code
72223-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Arkansas

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2022

Transaction ID : 11313140

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

417.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. Oberste, David, Jason, , MD, FAAOS

Mailing Address 4504 Rockbridge Hollow

City
Tallahassee

State
FL

Zip Code
32309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tallahassee Orthopedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2022

Transaction ID : 11313141

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Chandler, David, R, , MD,FAAOS

Mailing Address 165 Middle Plantation Ln

City
Gulf Breeze

State
FL

Zip Code
32561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Andrews Institute For Orthopaedics & S

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2022

Transaction ID : 11313142

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Brief, Andrew, A, , MD, FAAOS

Mailing Address 35 Mulholland Drive

City
Woodcliff Lake

State
NJ

Zip Code
07677

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ridgewood Orthopedic Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2022

Transaction ID : 11313144

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

584.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

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

A. McCormick, Joseph, P, , MD,FAAOS

Mailing Address 4724 Waterstone Ct

City
Appleton

State
WI

Zip Code
54914

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2022

Transaction ID : 11313146

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Kahlon, Randeep, S, , MD,FAAOS

Mailing Address 35 Harvest Ln

City
Hockessin

State
DE

Zip Code
19707-2088

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

First State Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2022

Transaction ID : 11313149

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Sherbondy, Paul, Strawn, , MD, FAAOS

Mailing Address 507 Beaumont Dr

City
State College

State
PA

Zip Code
16801-8311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Penn State Health

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 22 / 2022

Transaction ID : 11313154

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

584.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Kirol, Bernard, G, , MD, FAAOS

Mailing Address 338 Turnwall Ln

City
Elgin

State
SC

Zip Code
29045-9507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midlands Orthopaedics, PA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2022

Transaction ID : 11313156

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

B. Veitch, Andrew, John, , MD,FAAOS

Mailing Address 13416 Desert Zinnia Ct NE

City

Albuquerque

State

NM

Zip Code

87111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of New Mexico, Dept of Orth

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2022

Transaction ID : 11313157

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Hire, Justin, M, , MD,FAAOS

Mailing Address 6567 Elizabeth Ave

City

Springdale

State

AR

Zip Code

72762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dwight David Eisenhower Army Medical C

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2022

Transaction ID : 11313158

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

201.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. David, Tal, S, , MD,FAOS

Mailing Address 5165 Rancho Quinta Bend

City
San Diego

State
CA

Zip Code
92130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Synergy Specialists Medical Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2022

Transaction ID : 11313165

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. David, Tal, S, , MD,FAOS

Mailing Address 5165 Rancho Quinta Bend

City
San Diego

State
CA

Zip Code
92130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Synergy Specialists Medical Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2022

Transaction ID : 11313167

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. Stocks, Gregory, William, , MD,FAOS

Mailing Address 5207 Valerie

City
Bellaire

State
TX

Zip Code
77401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Orthopedic Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2022

Transaction ID : 11313169

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

3000.00

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NAME OF COMMITTEE (In Full)

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

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

A. Hunt, Stephen, Austin, , MD, FAAOS

Mailing Address 7 Pheasant Run Dr

City

Basking Ridge

State

NJ

Zip Code

07920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Tri-County Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2022

Transaction ID : 11313180

Amount of Each Receipt this Period

250.00



Memo Item

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

B. Friedmann, Elizabeth, , , MD

Mailing Address 2660B Greenbriar Lane

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Maryland

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2022

Transaction ID : 11313181

Amount of Each Receipt this Period

84.00



Memo Item

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

C. Moore, David, R, , MD, FAAOS

Mailing Address 2004 Hayes Street

Suite 200

City

Nashville

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Elite Sports Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2022

Transaction ID : 11313624

Amount of Each Receipt this Period

1000.00



Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1334.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Adolph, Carl, Michael, , Jr, MD,FAA

Mailing Address 1118 Persimmon Dr

City
Lancaster

State
PA

Zip Code
17601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Lancaster

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2022

Transaction ID : 11313649

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Sands, Kenneth, C, , MD,FAAOS

Mailing Address 6985 S Tropical Trail

City
Merritt Island

State
FL

Zip Code
32952

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Health First

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2022

Transaction ID : 11313653

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

c. McGee, Kevin, Michael, , MD, FAAOS

Mailing Address 1532 Eagle Ridge Dr NE

City
Albuquerque

State
NM

Zip Code
87122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PMG Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2022

Transaction ID : 11313654

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

3000.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Guanche, Carlos, , MD,FAAOS

Mailing Address 3608 Crownridge Drive

City
Sherman Oaks

State
CA

Zip Code
91403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Southern California Ortho Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 23 / 2022

Transaction ID : 11313682

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Navarro, Ronald, Anthony, , MD,FAAOS

Mailing Address 18 Wide Loop Rd

City
Rolling Hills

State
CA

Zip Code
90274

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente South Bay

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2022

Transaction ID : 11313689

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Botker, Jesse, Cole, , MD,FAAOS

Mailing Address 117 Hidden Oaks Circle

City
Mankato

State
MN

Zip Code
56001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic and Fracture Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2022

Transaction ID : 11313690

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1334.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Gerlinger, COL. (ret) Tad, L., MD,FAAOS

Mailing Address 596 Provident Ave

City
Winnetka

State
IL

Zip Code
60093

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Midwest Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2022

Transaction ID : 11313691

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Davis, Jason, J., MD,FAAOS

Mailing Address 2751 Gadwall Court

City
Walled Lake

State
MI

Zip Code
48390

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Henry Ford Health System

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2022

Transaction ID : 11314034

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

c. Starks, Alexandria, O., MD

Mailing Address 900 Sloan St

City
Lititz

State
PA

Zip Code
17543

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Lancaster

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2022

Transaction ID : 11314037

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1550.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

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

A. Burns, Sean, Thomas, , MD, FAAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 4502 Masters Dr City League City State TX Zip Code 77573 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Concord Orthopaedics, PA Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 25 / 2022 Transaction ID : 11314111 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
B. Beltran, Michael, John, , MD,FAAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address UC Dept of Orthopaedic Surgery 231 Albert Sabin Way Room 5553 City Cincinnati State OH Zip Code 45267-0212 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Department of Orthopaedics and Rehabil Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 26 / 2022 Transaction ID : 11315231 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item
C. Mitros, Stephen, F, , MD, FAAOS Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 51045 Erin Glen Dr City Granger State IN Zip Code 46530 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Mitros Orthopaedics Occupation (for Individual) Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 26 / 2022 Transaction ID : 11315232 Amount of Each Receipt this Period 84.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			1168.00
TOTAL This Period (last page this line number only)..... ▶			

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NAME OF COMMITTEE (In Full)

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

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

A. Dundon, John, M., MD,FAAOS

Mailing Address 8 Pond View Rd

City
Chester

State
NJ

Zip Code
07930

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Orthopedic Institute of New Jersey

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 26 / 2022

Transaction ID : 11315252

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Port, J, Teig, , MD,FAAOS

Mailing Address 322 Knights Trail

City
Heath

State
TX

Zip Code
75032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 26 / 2022

Transaction ID : 11315322

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Baker, Donald, Earl, , MD,FAAOS

Mailing Address 106 Common Pointe Drive

City
Flowood

State
MS

Zip Code
39232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Merit Health Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2022

Transaction ID : 11315475

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250.00

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NAME OF COMMITTEE (In Full)

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

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

A. Gramstad, Gregory, D, , MD, FAAOS

Mailing Address 6702 SW Canyon Crest Dr

City
Portland

State
OR

Zip Code
97225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rebound Orthopedics & Neurosurgery

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2022

Transaction ID : 11315476

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Dahl, Brian, Phillip, , MD, FAAOS

Mailing Address 3713 Clairmont Rd

City
Bismarck

State
ND

Zip Code
58503-9083

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bone & Joint Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2022

Transaction ID : 11315477

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Fowler, John, R, , MD,FAAOS

Mailing Address 149 Morningside Dr

City
Cranberry Twp

State
PA

Zip Code
16066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Pittsburgh

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2022

Transaction ID : 11315478

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1334.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

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

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

A. Jeray, Kyle, James, , MD,FAAOS

Mailing Address Dept of Orthopedic Surgery

701 Grove Rd 2nd Fl Support Tower

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Greenville Health System

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2022

Transaction ID : 11315482

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Tracy, Sean, C, , MD, FAAOS

Mailing Address W211 N5455 Carters Crossing Circle

City

Menomonee Falls

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Midwest Orthopedic Specialty Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2022

Transaction ID : 11315635

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Pushkarewicz, Michael, J, , MD,FAAOS,F

Mailing Address 1510 Braken Ave

City

Wilmington

State

DE

Zip Code

19808

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

First State Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2022

Transaction ID : 11316279

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

792.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

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

A. Gary, Joshua, Layne, , MD,FAAOS

Mailing Address 951 Descanso Dr

City

La Canada Flintridge

State

CA

Zip Code

91011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Keck School of Medicine of USC

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2022

Transaction ID : 11316280

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Scales, Darrell, Kevin, , MD,FAAOS

Mailing Address 5425 Golf View Dr

City

Braselton

State

GA

Zip Code

30517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Georgia Physicians Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2022

Transaction ID : 11316281

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

c. Carolan, Gregory, Francis, , MD,FAAOS

Mailing Address 1806 Meadow Ridge Ct

City

Bethlehem

State

PA

Zip Code

18015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St Luke's Ortho Surg Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 28 / 2022

Transaction ID : 11316282

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

268.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Allard, Mark, Michael, , MD,FAAOS

Mailing Address 3010 Cortney Circle

City

Siloam Springs

State

AR

Zip Code

72761

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2022

Transaction ID : 11316283

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Huddleston, Paul, M, , MD,FAAOS

Mailing Address 31219 Lakeview Ave

City

Red Wing

State

MN

Zip Code

55066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mayo Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2022

Transaction ID : 11316284

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Tracey, Robert, W, , MD,FAAOS

Mailing Address 1100 Walker Road

City

Great Falls

State

VA

Zip Code

22066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Walter Reed National Military Medical

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2022

Transaction ID : 11316285

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

584.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Connair, Michael, P, , MD, FAAOS

Mailing Address 24 Old Hartford Turnpike

City
Hamden

State
CT

Zip Code
06517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 28 / 2022

Transaction ID : 11316286

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Reid, J, Spence, , MD,FAAOS

Mailing Address 500 University Drive
Department of Orthopaedics

City
Hershey

State
PA

Zip Code
17036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Penn State

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 28 / 2022

Transaction ID : 11316287

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

c. Giuseffi, Steven, A, , MD,FAAOS

Mailing Address 4784 Enchanted Pines Dr

City
Rapid City

State
SD

Zip Code
57701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Black Hills Orthopedic and Spine Centre

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 28 / 2022

Transaction ID : 11316288

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

418.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Kleinhenz, Dominic, James, , MD,FAAOS

Mailing Address 2804 Marina Circle

City

Lighthouse Point

State

FL

Zip Code

33064-9300

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Holy Cross Medical Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 28 / 2022

Transaction ID : 11316291

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Ricchetti, Eric, Thomas, , MD,FAAOS

Mailing Address 3200 Montgomery Road

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cleveland Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 30 / 2022

Transaction ID : 11316299

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Lachiewicz, Paul, F, , MD,FAAOS

Mailing Address 417 Lyons Rd

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 31 / 2022

Transaction ID : 11316960

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

2500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

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

A. Stabile, Kathryne, J., MD, MS, FA

Mailing Address 324 Royal Hunt Way

City

Lititz

State

PA

Zip Code

17543-7614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ortho Associates of Lancaster

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2022

Transaction ID : 11317094

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Roberson, Rowland, M., MD, FAAOS

Mailing Address 641 N Lamar Blvd

City

Oxford

State

MS

Zip Code

38655-3235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Specialty Orthopedic Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2022

Transaction ID : 11317103

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Lisella, Jordan, Mills., MD, FAAOS

Mailing Address 14 Turner Lane

City

Loudonville

State

NY

Zip Code

12211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Capital Region Orthopaedic Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2022

Transaction ID : 11317104

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1168.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Smith, Michael, Devon, , MD, FAAOS

Mailing Address 2604 Thornhill PI

City
Vestavia

State
AL

Zip Code
35243

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 18 / 2022

Transaction ID : 11317105

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Lerman, Daniel, M, , MD,FAAOS

Mailing Address 704 Humphrey Dr
Suite 3300

City
Evergreen

State
CO

Zip Code
80439

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Colorado Limb Consultants

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2022

Transaction ID : 11317106

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Smith, Scott, A, , MD,FAAOS

Mailing Address 200 Clovis Dr

City
Georgetown

State
TX

Zip Code
78628

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Orthopedics Round Rock

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 19 / 2022

Transaction ID : 11317107

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

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

A. O'Grady, Christopher, , , MD,FAAOS

Mailing Address 350 James River Road

City

Gulf Breeze

State

FL

Zip Code

32561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Andrews Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2022

Transaction ID : 11317109

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Teague, David, C, , MD,FAAOSMailing Address Suite AAT-3400 Dept Ortho Surg
800 Stanton L Young Blvd

City

Oklahoma City

State

OK

Zip Code

73104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Oklahoma

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2022

Transaction ID : 11317111

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Glusenkamp, Nathan, , ,

Mailing Address 9400 W Higgins Rd

City

Rosemont

State

IL

Zip Code

60018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

AAOS

Occupation (for Individual)

Chief Quality and Registries Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2022

Transaction ID : 11317112

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1300.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Mejia, Alfonso, , , MD,MPH,FAA

Mailing Address 5332 South Shore Drive

City
Chicago

State
IL

Zip Code
60615-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Illinois Association of Orthopedic Sur

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2022

Transaction ID : 11317115

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Schmidt, Kenneth, , , MD

Mailing Address 10811 N 52nd Street

City
Scottsdale

State
AZ

Zip Code
85254

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoArizona

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2022

Transaction ID : 11317116

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Gill, John, T, , MD,FAAOS

Mailing Address 8230 Walnut Hill Ln
Ste 708

City
Dallas

State
TX

Zip Code
75231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2022

Transaction ID : 11317120

Amount of Each Receipt this Period

166.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

300.67

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

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

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

A. Halsey, David, A, , MD,FAAOS

Mailing Address PO Box 9000

#132

City

Edgartown

State

MA

Zip Code

02539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Martha's Vineyard Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2022

Transaction ID : 11317121

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Ellis, Henry, Bone, , Jr, MD,FAA

Mailing Address 2945 Stanford Ave

City

Dallas

State

TX

Zip Code

75225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Texas Scottish Rite Sports Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2022

Transaction ID : 11317125

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Redfern, Fred, C, , MD,FAAOS

Mailing Address 9 Via Tiberina

City

Henderson

State

NV

Zip Code

89011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2022

Transaction ID : 11317126

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

584.00

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

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

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NAME OF COMMITTEE (In Full)

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

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

A. Shrock, Kevin, B, , MD,FAAOS

Mailing Address 1414 SE 3rd Ave

City

Fort Lauderdale

State

FL

Zip Code

33316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fort Lauderdale Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2022

Transaction ID : 11317127

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Leffers, Kevin, John, , MD

Mailing Address 4922 Stratford Rd

City

Fort Wayne

State

IN

Zip Code

46807-2947

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fort Wayne Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2022

Transaction ID : 11317130

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Saucedo, James, Matthew, , MD,MBA,FAA

Mailing Address 13802 Centerfield Drive
#300

City

Houston

State

TX

Zip Code

77070

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Hand Center of San Antonio

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2022

Transaction ID : 11317131

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

268.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Arend, Thomas, E., Jr,

Mailing Address 9400 W Higgins Rd

City
Rosemont

State
IL

Zip Code
60018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAOS

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2022

Transaction ID : 11317134

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Panchbhavi, Vinod, Kumar, , MD,FAOS,F

Mailing Address 1165 Rymers Switch Lane

City
Friendswood

State
TX

Zip Code
77546

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Texas Medical Branch

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2022

Transaction ID : 11317135

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Priore, Anthony, , ,

Mailing Address 9400 W Higgins Rd Ste 100

City
Rosemont

State
IL

Zip Code
60018-4975

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAOS

Occupation (for Individual)
Chief Marketing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2022

Transaction ID : 11317136

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

252.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Teuscher, David, Dean, , MD,FAAOS

Mailing Address 6330 Cobblestone Lane

City
Arlington

State
TX

Zip Code
76001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2022

Transaction ID : 11317137

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Iorio, Richard, , , MD,FAAOS

Mailing Address 31 Prince St

City
Beverly

State
MA

Zip Code
01915

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brigham and Women's Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2022

Transaction ID : 11317138

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Lopez, David, Vincent, , MD,FAAOS

Mailing Address 27 Courtney Ct

City
Freehold

State
NJ

Zip Code
07728

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic & Sports Medicine Speciali

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2022

Transaction ID : 11317139

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

418.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Greenwald, Alan, G, , MD,FAAOS</p> <p>Mailing Address 14780 Tieton Dr</p>		<p>Date of Receipt</p> <p>05 / 31 / 2022</p> <p>Transaction ID : 11317141</p> <p>Amount of Each Receipt this Period</p> <p>250.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>City</p> <p>Yakima</p>	<p>State</p> <p>WA</p>	<p>Zip Code</p> <p>98908</p>
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		
<p>Name of Employer (for Individual)</p> <p>Orthopedics Northwest</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Carroll, Paul, Francis, , MD,FAAOS</p> <p>Mailing Address 170 N Pointe Blvd</p>		<p>Date of Receipt</p> <p>06 / 01 / 2022</p> <p>Transaction ID : 11317481</p> <p>Amount of Each Receipt this Period</p> <p>1000.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>City</p> <p>Lancaster</p>	<p>State</p> <p>PA</p>	<p>Zip Code</p> <p>17601</p>
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		
<p>Name of Employer (for Individual)</p> <p>Ortho Assoc of Lancaster</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p>1000.00</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Kwong, Louis, M, , MD,FAAOS</p> <p>Mailing Address Box 422</p> <p>1000 W Carson St</p>		<p>Date of Receipt</p> <p>06 / 02 / 2022</p> <p>Transaction ID : 11317574</p> <p>Amount of Each Receipt this Period</p> <p>250.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>City</p> <p>Torrance</p>	<p>State</p> <p>CA</p>	<p>Zip Code</p> <p>90509</p>
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>		
<p>Name of Employer (for Individual)</p> <p>Harbor-UCLA Medical Center</p>		<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>		<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>		<p>1500.00</p>
<p>TOTAL This Period (last page this line number only).....▶</p>		

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NAME OF COMMITTEE (In Full)

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

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

A. Wynder, Steven, G, , MD,FAOS

Mailing Address 5290 W 612 N

City
Huntington

State
IN

Zip Code
46750

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Parkview Ortho Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2022

Transaction ID : 11317575

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Mather, Richard, C, , III, MD,MB

Mailing Address 115 Watts St

City
Durham

State
NC

Zip Code
27701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duke Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2022

Transaction ID : 11317576

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Brophy, Robert, H, , MD,FAOS

Mailing Address 7 Maryhill Dr

City
St Louis

State
MO

Zip Code
63124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Washington University Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2022

Transaction ID : 11317577

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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584.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Bushnell, Brandon, Dubose, , MD,MBA,FAA

Mailing Address 60 Fallen Branch Circle SE

City
Rome

State
GA

Zip Code
30161

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Harbin Clinic Orthopedics and Sports M

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

06 / 02 / 2022

Transaction ID : 11317578

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Cassidy, Carter, , , MD, FAAOS

Mailing Address 4890 Faulkirk Lane

City
Lexington

State
KY

Zip Code
40515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Kentucky Res Program

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

06 / 02 / 2022

Transaction ID : 11317579

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Smith, Eric, Louis, , MD,FAAOS

Mailing Address 1573 Beacon Street

City
Waban

State
MA

Zip Code
02468

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boston Medical Clinic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 02 / 2022

Transaction ID : 11317580

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

254.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Palmer, Michael, P, , MD, FAAOS

Mailing Address 8700 Hopewell Rd

City
Cincinnati

State
OH

Zip Code
45242

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United States Air Force

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2022

Transaction ID : 11317581

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hope, Charles, A, , II, MD,FAA

Mailing Address 8 Bent Tree Circle

City
Savannah

State
GA

Zip Code
31411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Optim Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 02 / 2022

Transaction ID : 11318227

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

C. Bailey, James, R, , MD,FAAOS

Mailing Address 10439 Blue Summit Court

City
San Diego

State
CA

Zip Code
92131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Naval Medical Center San Diego

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 03 / 2022

Transaction ID : 11318345

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

5292.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Ayers, Michael, E, , MD,FAAOS

Mailing Address 2 Prospect Ave

City
Scituate

State
MA

Zip Code
02066-4321

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
South Shore Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2022

Transaction ID : 11319784

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Black, David, Albritton, , MD,PhD

Mailing Address 12112 Fairway Drive

City
Little Rock

State
AR

Zip Code
72212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Arkansas

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2022

Transaction ID : 11319785

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

c. Prohaska, Matthew, G, , MD,FAAOS

Mailing Address 69 Griggs Hill Road

City
Danville

State
VT

Zip Code
05828

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVRH Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2022

Transaction ID : 11319786

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

418.00

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NAME OF COMMITTEE (In Full)

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

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

A. Schmidt, Todd, A., MD,FAAOS

Mailing Address 2865 Lake Park Drive

City
Jonesboro

State
GA

Zip Code
30236

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoAtlanta LLC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 05 / 2022

Transaction ID : 11319788

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Lintecum, Neal, D., MD,FAAOS

Mailing Address 789 N 1500 Road

City
Lawrence

State
KS

Zip Code
66049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 05 / 2022

Transaction ID : 11319789

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Farber, Daniel, C., MD,FAAOS

Mailing Address 300 Fairhill Rd

City
Wynnewood

State
PA

Zip Code
19096-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Penn Medicine Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2022

Transaction ID : 11319967

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

700.00

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

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NAME OF COMMITTEE (In Full)

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

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

A. Bear, Brian, Jeffrey, , MD,FAAOS

Mailing Address 1621 National Avenue

City
Rockford

State
IL

Zip Code
61103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthollinois

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11319969

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Pierce, Troy, D, , MD,FAAOS

Mailing Address 4012 Edgewater PI SE

City
Mandan

State
ND

Zip Code
58554

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Bone & Joint Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11319970

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Schmale, Gregory, A, , MD, FAAOS

Mailing Address 6515 126th Ave NE

City
Kirkland

State
WA

Zip Code
98033-8569

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Seattle Children's Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11319971

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

584.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Burke, Charles, J., III, MD, F</p>			<p>Date of Receipt</p> <p><input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2022"/></p> <p>Transaction ID : 11319972</p>		
<p>Mailing Address 200 Delafield Rd Ste 4010</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="84.00"/></p>		
<p>City Pittsburgh</p>	<p>State PA</p>	<p>Zip Code 15215-3235</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="504.00"/></p>		
<p>Name of Employer (for Individual) UPMC</p>		<p>Occupation (for Individual) Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Gomez, Gregory, , , MD</p>			<p>Date of Receipt</p> <p><input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2022"/></p> <p>Transaction ID : 11319973</p>		
<p>Mailing Address 6201 Moonfield Dr</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="50.00"/></p>		
<p>City Huntington Beach</p>	<p>State CA</p>	<p>Zip Code 92648</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="300.00"/></p>		
<p>Name of Employer (for Individual) Emanate Health</p>		<p>Occupation (for Individual) Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Green, Daniel, William, , MD,FAAOS</p>			<p>Date of Receipt</p> <p><input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2022"/></p> <p>Transaction ID : 11321556</p>		
<p>Mailing Address 535 E 70th St</p>			<p>Amount of Each Receipt this Period</p> <p><input type="text" value="175.00"/></p>		
<p>City New York</p>	<p>State NY</p>	<p>Zip Code 10021-4823</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>			<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="1050.00"/></p>		
<p>Name of Employer (for Individual) Hosp for Special Surgery</p>		<p>Occupation (for Individual) Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>					
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p><input type="text" value="309.00"/></p>		
<p>TOTAL This Period (last page this line number only).....▶</p>			<p><input type="text"/></p>		

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

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NAME OF COMMITTEE (In Full)

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

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

A. Mosley, Emmett, Wayne, , MD,FAAOS,F

Mailing Address 220 Thompson Pl

City
Roswell

State
GA

Zip Code
30075-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Aspirus

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 07 / 2022

Transaction ID : 11321557

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Kiner, Dirk, W, , MD,FAAOS

Mailing Address 449 Canyon Springs Dr

City
Hixson

State
TN

Zip Code
37343-2387

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Southern Orthopaedic Trauma Surgeons

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 07 / 2022

Transaction ID : 11321558

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Law, Brian, C, , MD,FAAOS

Mailing Address 541 E Erie Street
Unit 314

City
Milwaukee

State
WI

Zip Code
53202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medical College of Wisconsin

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2022

Transaction ID : 11321559

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

418.00

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NAME OF COMMITTEE (In Full)

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

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

A. Gallant, Gregory, G, , MD,MBA,FAA

Mailing Address 3588 Wellsford Lane

City
Doylestown

State
PA

Zip Code
18902-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rothman Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11321560

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Mejia, Alfonso, , , MD,MPH,FAA

Mailing Address 5332 South Shore Drive

City
Chicago

State
IL

Zip Code
60615-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Illinois Association of Orthopedic Sur

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 08 / 2022

Transaction ID : 11321891

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

c. Gulotta, Lawrence, V, , MD,FAAOS

Mailing Address 15 Cerf Lane

City
Mount Kisco

State
NY

Zip Code
10549

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hosp for Special Surg-Cornell

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 08 / 2022

Transaction ID : 11322211

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

1167.33

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

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NAME OF COMMITTEE (In Full)

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

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

A. Bernholt, David, , MD

Mailing Address 3126 Chapel Woods Cv

City
Germantown

State
TN

Zip Code
38139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322301

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Bettin, Clayton, Charles, , MD,FAOS

Mailing Address 5047 Shady Hall Ct

City
Memphis

State
TN

Zip Code
38117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322302

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Calandruccio, James, H, , MD, FAAOS

Mailing Address 1400 S Germantown Rd

City
Germantown

State
TN

Zip Code
38138-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322303

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.01

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

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NAME OF COMMITTEE (In Full)

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

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

A. Campion, Chad, Evan, , MD

Mailing Address Dept of Orthopaedic Surgery
1400 South Germantown Rd

City
Germantown

State
TN

Zip Code
38138

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of TN-Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 07 / 2022

Transaction ID : 11322304

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

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

Mailing Address 1458 W Poplar Ave
Ste 100

City
Collierville

State
TN

Zip Code
38017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 07 / 2022

Transaction ID : 11322305

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Grear, Benjamin, J, , MD,FAAOS

Mailing Address 219 Lagrange Creek Drive

City
Eads

State
TN

Zip Code
38028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY
06 / 07 / 2022

Transaction ID : 11322307

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

125.01

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

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NAME OF COMMITTEE (In Full)

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

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

A. Guyton, James, L, , MD,FAOS

Mailing Address 6422 Massey Estates Cove

City
Memphis

State
TN

Zip Code
38120

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322308

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Harkess, James, W, , MD,FAOS

Mailing Address 9566 Fox Hill Circle S

City
Germantown

State
TN

Zip Code
38139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322309

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

C. Heck, Robert, Kurt, , Jr, MD, FA

Mailing Address 4938 Barfield Rd

City
Memphis

State
TN

Zip Code
38117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322310

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.01

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

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

A. Kelly, Derek, Michael, , MD,FAAOS

Mailing Address 1458 W Poplar Ave
Suite 100

City
Collierville

State
TN

Zip Code
38017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322311

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

B. Mihalko, Marc, J, , MD, FAAOS

Mailing Address 4079 Barfield Road

City

Memphis

State

TN

Zip Code

38117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322314

Amount of Each Receipt this Period

41.67

☐ Memo Item

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

c. Murphy, Garnett, Andrew, , MD,FAAOS

Mailing Address 1400 S Germantown Rd

City

Germantown

State

TN

Zip Code

38138-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322316

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

125.01

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Richardson, David, R, , MD,FAAOS

Mailing Address 636 Center Dr

City
Memphis

State
TN

Zip Code
38112

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322318

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rider, Carson, Mills, , MD

Mailing Address Dept of Orthopaedic Surgery
2372 Corinne Oak Court

City
Memphis

State
TN

Zip Code
38119

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322319

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rudloff, Matthew, Ian, , MD, FAAOS

Mailing Address 10211 Ramblewood Dr

City
Arlington

State
TN

Zip Code
38002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322320

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sawyer, Jeffrey, R, , MD, FAAOS

Mailing Address 4450 Chickasaw Road

City
Memphis

State
TN

Zip Code
38117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322321

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sheffer, Benjamin, West, , MD,FAAOS

Mailing Address 281 Ben Avon Way

City
Memphis

State
TN

Zip Code
38111-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322322

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thompson, Norfleet, Buckner, , MD, FAAOS

Mailing Address 3784 Highland Park Place

City
Memphis

State
TN

Zip Code
38111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322324

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Throckmorton, Thomas, Ward, , MD,FAAOS

Mailing Address 4901 Fairfield Circle

City
Memphis

State
TN

Zip Code
38117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322325

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Warner, William, C, , Jr, MD, FA

Mailing Address 215 East Cherry Circle

City
Memphis

State
TN

Zip Code
38117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322326

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weinlein, John, C, , MD,FAAOS

Mailing Address 633 Valleybrook Dr

City
Memphis

State
TN

Zip Code
38120-2707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322327

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Williams, Keith, D, , MD, FAAOS

Mailing Address 2336 Pinnacle Creek Dr

City
GermantownState
TNZip Code
38138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Campbell ClinicOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2022

Transaction ID : 11322328

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tran, Tuan, Christopher, , MD,FAAOSMailing Address 168 Breezes Dr
Unit 38CCity
LexingtonState
SCZip Code
29072-6998FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Camden Bone and JointOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2022

Transaction ID : 11322360

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fraser, Michael, Robson, , Jr, MD,FAA

Mailing Address 2808 NW Walden Dr

City
CamasState
WAZip Code
98607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US NavyOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2022

Transaction ID : 11322361

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1341.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'Hara, James, P, , MD, FAAOS

Mailing Address PO Box 1358

City

Point Reyes Station

State

CA

Zip Code

94956

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322363

Amount of Each Receipt this Period

250.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hutton, Kirk, , , MD,FAAOS

Mailing Address 2725 S 144th St Ste 212

City

Omaha

State

NE

Zip Code

68144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OrthoNebraska

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322364

Amount of Each Receipt this Period

500.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Joseph, Thomas, N, , MD, FAAOS

Mailing Address 1910 Lyttleton St

City

Camden

State

SC

Zip Code

29020-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Freedom Orthopedic and Rehab

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322365

Amount of Each Receipt this Period

1000.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Parker, James, R., MD,FAAOS

Mailing Address 7902 Valcour Drive

City
Amarillo

State
TX

Zip Code
79119-6267

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Parker Sports Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322377

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Brian, G., MD,FAAOS

Mailing Address 2407 Robinhood Street

City
Houston

State
TX

Zip Code
77005-2509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Children's Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322378

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Manista, Andrew, Philip, MD, FAAOS

Mailing Address 1909 Golden Maple Ct NW

City
Olympia

State
WA

Zip Code
98502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capital Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322380

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Singer, Daniel, I, , MD,FAAOS</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 06 / 07 / 2022</p> <p>Transaction ID : 11322381</p>		
<p>Mailing Address 1401 South Beretania St Suite 750</p>			<p>Amount of Each Receipt this Period</p> <p>300.00</p>		
<p>City Honolulu</p>	<p>State HI</p>	<p>Zip Code 96814</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼</p> <p>300.00</p>		
<p>Name of Employer (for Individual) Orthopedic Associates of Hawaii</p>			<p>Occupation (for Individual) Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Zilberfarb, Jeffrey, L, , MD,FAAOS</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 06 / 07 / 2022</p> <p>Transaction ID : 11322384</p>		
<p>Mailing Address 1101 Beacon Street Suite 5W</p>			<p>Amount of Each Receipt this Period</p> <p>500.00</p>		
<p>City Brookline</p>	<p>State MA</p>	<p>Zip Code 02446</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>		
<p>Name of Employer (for Individual) Meeks and Zilberfarb Orthopedics</p>			<p>Occupation (for Individual) Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Mears, Simon, , , MD,FAAOS</p>			<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 06 / 07 / 2022</p> <p>Transaction ID : 11322385</p>		
<p>Mailing Address 5011 Hawthorne Rd</p>			<p>Amount of Each Receipt this Period</p> <p>1000.00</p>		
<p>City Little Rock</p>	<p>State AR</p>	<p>Zip Code 72207</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee. C</p>			<p>Aggregate Year-to-Date ▼</p> <p>1000.00</p>		
<p>Name of Employer (for Individual) University of Arkansas For Medical Sci</p>			<p>Occupation (for Individual) Orthopaedic Surgeon</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>					
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>1800.00</p>		
<p>TOTAL This Period (last page this line number only).....▶</p>					

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Garcia, Frank, J, , MD, FAAOS

Mailing Address 400 Concord Plaza Dr Ste 100

City
San Antonio

State
TX

Zip Code
78216-6908

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The San Antonio Orthopaedic Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322397

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grosso, Nicholas, P, , MD,FAAOS

Mailing Address 10113 Lakeside Ct

City
Ellicott City

State
MD

Zip Code
21042

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Centers for Advanced Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322399

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DiPreta, John, Anthony, , MD,FAAOS

Mailing Address 1367 Washington Ave, Suite 200

City
Albany

State
NY

Zip Code
12206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capital Region Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322401

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

2000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Boone, David, Warner, , MD,FAAOS

Mailing Address 5504 Overleaf Ct

City
Raleigh

State
NC

Zip Code
27615

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Releigh Orthopaedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322403

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Richards, Paul, Jeffrey, , MD,FAAOS

Mailing Address 12610 Panasoffkee Dr

City

North Fort Myers

State

FL

Zip Code

33903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Specialists of SW Florida

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322404

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'Donovan, Terrence, M, , MD, FAAOS

Mailing Address 615 Maid Marion Hill

City

Sherwood Forest

State

MD

Zip Code

21405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Chesapeake Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2022

Transaction ID : 11322406

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Clain, Michael, R, , MD,FAAOS

Mailing Address 9 Indian Head Road

City
Riverside

State
CT

Zip Code
06878-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic & Neurosurgery Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2022

Transaction ID : 11322484

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Armstrong, April, D, , MD,FAAOS

Mailing Address 30 Hope Drive
Bldg A, Suite 2900, EC089

City
Hershey

State
PA

Zip Code
17033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Penn State Health Milton S. Hershey Me

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2022

Transaction ID : 11322485

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Service, Benjamin, , , MD,FAAOS

Mailing Address 8710 Crestgate Circle

City
Orlando

State
FL

Zip Code
32819-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orlando Health

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2022

Transaction ID : 11322486

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

293.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bellamy, Jaime, Lyn, , DO,FAAOS

Mailing Address 2161 Cranes Creek Rd

City
Cameron

State
NC

Zip Code
28326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 09 / 2022

Transaction ID : 11322487

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yassir, Walid, K, , MD, FAAOS

Mailing Address 2019 Washtenaw Ave

City

Ann Arbor

State

MI

Zip Code

48104-3656

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DMC Providence Ortho Dept

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 09 / 2022

Transaction ID : 11322488

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Aslie, Ardavan, M, , MD, FAAOS

Mailing Address 630 Lilac Ln

City

Sacramento

State

CA

Zip Code

95864-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Nevada Spine Treatment Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11322510

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1375.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bernhard, Matthew, Cole, , MD,FAAOS

Mailing Address 1678 State Route 60

City
Ashland

State
OH

Zip Code
44805-9372

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio Health

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11322511

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Clark, Joseph, W, , MD,FAAOS

Mailing Address 5710 Macon Dr

City
Huntsville

State
AL

Zip Code
35802

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Orthopaedic Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11322513

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Valadie, Arthur, L, , III, MD, F

Mailing Address 526 56th St

City
Holmes Beach

State
FL

Zip Code
34217

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Coastal Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11322517

Amount of Each Receipt this Period

750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Spencer, Eric, M, , MD,FAAOS

Mailing Address 34 Greenhaven Rd

City
Rye

State
NY

Zip Code
10580

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 06 / 2022

Transaction ID : 11322518

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lang, Christopher, John, , MD, FAAOS

Mailing Address 1215 W Chaucer Ave

City

Spokane

State

WA

Zip Code

99208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Spokane Orthopedics, PLLC

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 06 / 2022

Transaction ID : 11322519

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ouzounian, Tye, , , MD,FAAOS

Mailing Address 17401 Magnolia Blvd

City

Encino

State

CA

Zip Code

91316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 06 / 2022

Transaction ID : 11322521

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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TOTAL This Period (last page this line number only)..... ►

2000.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Papierski, Paul, E, , MD,FAAOS

Mailing Address 913 S Dryden Pl

City
Arlington Heights

State
IL

Zip Code
60005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Chicago Hand and Orthopedic Surgery Ce

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11322523

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bernasek, Thomas, L, , MD,FAAOS

Mailing Address 5820 Mariner Street

City
Tampa

State
FL

Zip Code
33609

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11322524

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Levy, Andrew, Stuart, , MD,FAAOS

Mailing Address 90 Millburn Avenue, #204

City
Millburn

State
NJ

Zip Code
07041-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Center for Advance Sports Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11322525

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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TOTAL This Period (last page this line number only)..... ►

2500.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Carlson, Chad, Blake, , MD,FAOS

Mailing Address 1835 Harbor Dr

City
Bismarck

State
ND

Zip Code
58504-8993

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bone and Joint Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 09 / 2022

Transaction ID : 11322972

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Traina, Jeffrey, F, , MD,FAOS

Mailing Address 160 Fullerton

City
Leesville

State
LA

Zip Code
71446-2960

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advance Orthopedics And Sports Medicin

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

MM / DD / YYYY
06 / 09 / 2022

Transaction ID : 11322990

Amount of Each Receipt this Period

259.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jones, David, Brynley, , Jr, MD, FA

Mailing Address PO Box 5116

City
Sioux Falls

State
SD

Zip Code
57117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sioux Falls Specialty Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 10 / 2022

Transaction ID : 11323322

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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2259.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Harrison, Ryan, , MD,FAAOS

Mailing Address 4011 N Meridian St

City
Indianapolis

State
IN

Zip Code
46208-4012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IU Health

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 10 / 2022

Transaction ID : 11323466

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nahigian, Kevin, K, , MD, FAAOS

Mailing Address 85 Red Bay Rd

City
Elgin

State
SC

Zip Code
29045-8684

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carolina Shoulder & Knee Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 11 / 2022

Transaction ID : 11323467

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Glassman, Andrew, H, , MD,MS,FAAO

Mailing Address 126 North Drexel Avenue

City
Columbus

State
OH

Zip Code
43209-1427

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio State University Wexner Medical C

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 11 / 2022

Transaction ID : 11323468

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5168.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bernard, Johnathan, , , MD, MPH, F

Mailing Address 21549 Glebe View Dr

City

Broadlands

State

VA

Zip Code

20148-3625

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

National Sports Medicine Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 12 / 2022

Transaction ID : 11323469

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dodds, Julie, A, , MD,FAOS

Mailing Address 2603 90th Ave

City

Lone Rock

State

IA

Zip Code

50559-8556

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Center for Specialty Care

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 12 / 2022

Transaction ID : 11323470

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Braaton, Paul, J, , MD,FAOS

Mailing Address 1335 Coffee Rd

Ste 100

City

Modesto

State

CA

Zip Code

95355

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OrthoMed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 12 / 2022

Transaction ID : 11323471

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

252.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Espinoza, Luis, M, , MD, FAAOS

Mailing Address 5 Savannah Ridge Lane

City

Metairie

State

LA

Zip Code

70001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopaedic Center for Sports Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 12 / 2022

Transaction ID : 11323472

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. John, Thomas, K, , MD,FAAOS

Mailing Address 522 Eastbrook Rd

City

Ridgewood

State

NJ

Zip Code

07450-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Active Orthopedics and Sports Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 12 / 2022

Transaction ID : 11323473

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Mansfield, David, J, , MD,FAAOS

Mailing Address 5019 Montoya Rd

City

El Paso

State

TX

Zip Code

79922-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

El Paso Orthopaedic Surgery Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

752.01

Date of Receipt

06 / 12 / 2022

Transaction ID : 11323474

Amount of Each Receipt this Period

166.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

334.67

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Murphy, Brian, A, , MD,FAOS

Mailing Address 3803 Highknob Circle

City
Naperville

State
IL

Zip Code
60564

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

M & M Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 12 / 2022

Transaction ID : 11323476

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Krueger, Chad, A, , MD,FAOS

Mailing Address 705 Kyle Dr

City
Ambler

State
PA

Zip Code
19002-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rothman Institute

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2022

Transaction ID : 11323480

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hogan, MaCalus, Vinson, , MD,MBA,FAA

Mailing Address 106 Field Brook Lane

City
Gibsonia

State
PA

Zip Code
15044

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Pittsburgh Medical Cente

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2022

Transaction ID : 11323481

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1334.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. James, Jeremy, R, , MD,FAAOS

Mailing Address 7 Briar Hollow St

City
Covington

State
LA

Zip Code
70433-4511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DISC of Louisiana

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2022

Transaction ID : 11323482

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Espiritu, Michael, T, , MD,FAAOS

Mailing Address 7 Spanish Bay

City
North Sioux City

State
SD

Zip Code
57049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CNOS

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2022

Transaction ID : 11323483

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carreira, Dominic, S, , MD,FAAOS

Mailing Address 155 Braxton Way

City
Roswell

State
GA

Zip Code
30075

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Broward Hlth Dist Ctr

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2022

Transaction ID : 11323506

Amount of Each Receipt this Period

400.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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800.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bostick, Robert, Douglas, , MD, FAAOS

Mailing Address 213 Sena Drive

City
Metairie

State
LA

Zip Code
70005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jefferson Orthopedic Clinic

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2022

Transaction ID : 11323789

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sanders, James, O, , MD,FAAOS

Mailing Address 132 New Castle Dr

City
Chapel Hill

State
NC

Zip Code
27517-6545

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Rochester Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2022

Transaction ID : 11323855

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Courtney, Paul, Maxwell, , MD,FAAOS

Mailing Address 1005 Millbrook Rd

City
Berwyn

State
PA

Zip Code
19312-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rothman Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2022

Transaction ID : 11323874

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1334.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dahl, William, John, , MD, FAAOS

Mailing Address 69 Ruffed Grouse Dr

City
Bridgeport

State
WV

Zip Code
26330-7989

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United Hospital Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2022

Transaction ID : 11324338

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Imbriglia, Joseph, E, , MD, FAAOS

Mailing Address 6001 Stonewood Dr
2nd Fl

City
Wexford

State
PA

Zip Code
15090-8391

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2022

Transaction ID : 11324588

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jackson, James, Benjamin, , III, MD,MB

Mailing Address 4 Cotting Ct

City
Irmo

State
SC

Zip Code
29063-9547

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Carolinas Med Ctr

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2022

Transaction ID : 11324590

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Urband, Lindsey, , , MD,FAAOS

Mailing Address 15066 Almond Orchard Lane
Suite 403

City
San Diego

State
CA

Zip Code
92131

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
San Diego Hand Specialists

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2022

Transaction ID : 11324615

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grosso, Matthew, , , MD

Mailing Address 5 Pembroke Dr

City
Avon

State
CT

Zip Code
06001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Orthopaedics New England

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2022

Transaction ID : 11324616

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tabaie, Sean, , , MD,FAAOS

Mailing Address 1219 Delafield PI NW

City
Washington

State
DC

Zip Code
20011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Children's National Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2022

Transaction ID : 11324617

Amount of Each Receipt this Period

84.00

☐ Memo Item

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252.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Blotter, Robert, H, , MD,FAAOS

Mailing Address 1414 W Fair Ave
 Ste 190

City
 Marquette

State
 MI

Zip Code
 49855

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Advanced Center of Orthopedics

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 06 / 2022

Transaction ID : 11324618

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Engstrom, Stephen, Matthew, , MD,FAAOS

Mailing Address 9207 Duncaster Ct

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Vanderbilt Univ-Vanderbilt Ortho Inst

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 06 / 2022

Transaction ID : 11324619

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. Hettrich, Carolyn, , , MD,MPH,FAA

Mailing Address 28A Miller Hill Rd

City

Dover

State

MA

Zip Code

02030-2332

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Brigham and Women's Hospital

Occupation (for Individual)
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 06 / 2022

Transaction ID : 11324620

Amount of Each Receipt this Period

84.00

☐ Memo Item

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418.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Holmes, S Wendell, , , Jr, MD,FAA

Mailing Address 101 Belleclave Rd

City
Columbia

State
SC

Zip Code
29223-3261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Palmetto Health

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11324621

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Van Thiel, Geoffrey, , , MD, MBA, F

Mailing Address 324 Roxbury Road

City
Rockford

State
IL

Zip Code
61107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11324622

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Schmitz, Matthew, R, , MD,FAAOS

Mailing Address 111 Ottawa Run

City
Shavano Park

State
TX

Zip Code
78231-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
San Antonio Military Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11324623

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Hurt, James, A, , III, MD,FA</p>		<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 06 / 06 / 2022</p> <p>Transaction ID : 11324624</p>	
<p>Mailing Address Columbus Orthopaedic Clinic 670 Leigh Drive</p>		<p>Amount of Each Receipt this Period</p> <p>1000.00</p>	
<p>City Columbus</p>	<p>State MS</p>	<p>Zip Code 39705</p>	<p><input type="checkbox"/> Memo Item</p>
<p>FEC ID number of contributing federal political committee. C</p>		<p>Aggregate Year-to-Date ▼</p> <p>1000.00</p>	
<p>Name of Employer (for Individual) University of Mississippi Medical Cent</p>		<p>Occupation (for Individual) Orthopaedic Surgeon</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Sheehan, John, P, , MD,FAAOS</p>		<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 06 / 06 / 2022</p> <p>Transaction ID : 11324625</p>	
<p>Mailing Address 6621 Cuming St</p>		<p>Amount of Each Receipt this Period</p> <p>84.00</p>	
<p>City Omaha</p>	<p>State NE</p>	<p>Zip Code 68132</p>	<p><input type="checkbox"/> Memo Item</p>
<p>FEC ID number of contributing federal political committee. C</p>		<p>Aggregate Year-to-Date ▼</p> <p>504.00</p>	
<p>Name of Employer (for Individual) Boys Town</p>		<p>Occupation (for Individual) Orthopaedic Surgeon</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>			
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Keeney, James, A, , MD,FAAOS</p>		<p>Date of Receipt</p> <p>M M / D D / Y Y Y Y Y Y 06 / 06 / 2022</p> <p>Transaction ID : 11324626</p>	
<p>Mailing Address 1106 Shallow Ridge Circle</p>		<p>Amount of Each Receipt this Period</p> <p>250.00</p>	
<p>City Columbia</p>	<p>State MO</p>	<p>Zip Code 65201</p>	<p><input type="checkbox"/> Memo Item</p>
<p>FEC ID number of contributing federal political committee. C</p>		<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>	
<p>Name of Employer (for Individual) University Missouri Orthopaedic Instit</p>		<p>Occupation (for Individual) Orthopaedic Surgeon</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>			
<p>SUBTOTAL of Receipts This Page (optional).....</p>		<p>1334.00</p>	
<p>TOTAL This Period (last page this line number only).....</p>		<p></p>	

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Backe, Henry, A, , Jr, MD,FAA

Mailing Address 305 Blackrock Turnpike

City
FairfieldState
CTZip Code
06825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic Specialty Group PCOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11324627

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Boothby, Michael, Hayden, , MD, FAAOS

Mailing Address 119 Hidden Lake Ranch Rd

City
AledoState
TXZip Code
76008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Ortho & Sports Med InstituteOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11324628

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Berg, Jeffrey, H, , MD,FAAOS

Mailing Address 1860 Town Center Dr Ste 300

City
RestonState
VAZip Code
20190FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TCOAOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2022

Transaction ID : 11324629

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1000.00

TOTAL This Period (last page this line number only).....▶

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chutkan, Norman, Barrington, , MD,FAAOS

Mailing Address 1 E Lexington Ave
Unit 1404

City
Phoenix

State
AZ

Zip Code
85012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The CORE Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 08 / 2022

Transaction ID : 11324630

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. More, Robert, Cameron, , MD, FAAOS

Mailing Address 8100 Wescott Drive
Suite 101

City

Flemington

State
NJ

Zip Code
08822

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MidJersey Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 09 / 2022

Transaction ID : 11324632

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Davis, Daniel, Edward, , MD,FAAOS

Mailing Address 410 Thayer Road

City

Swarthmore

State
PA

Zip Code
19081

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Thomas Jefferson Univ Hosp

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 13 / 2022

Transaction ID : 11324633

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

418.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rubinstein, Michael, P, , MD,FAAOS

Mailing Address 27015 Glaramara Lane

City
Yorba Linda

State
CA

Zip Code
92887

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Specialty Orthopedic Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 13 / 2022

Transaction ID : 11324634

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cimino, William, Gerard, , MD,FAAOS

Mailing Address 52 Beach Road
Suite 207

City
Fairfield

State
CT

Zip Code
06824

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Beach Road Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

MM / DD / YYYY
06 / 13 / 2022

Transaction ID : 11324636

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Parsley, Brian, S, , MD,FAAOS,F

Mailing Address 302 Pine Shadows Dr
Suite 2400

City
Houston

State
TX

Zip Code
77056

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UT Health Physicians

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

MM / DD / YYYY
06 / 13 / 2022

Transaction ID : 11324637

Amount of Each Receipt this Period

84.00

☐ Memo Item

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418.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Damalas, Konstantinos, , MBA

Mailing Address 9400 W Higgins Rd

City
Rosemont

State
IL

Zip Code
60018-4975

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAOS

Occupation (for Individual)
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2022

Transaction ID : 11324638

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Roberson, Rowland, M, , MD, FAAOS

Mailing Address 641 N Lamar Blvd

City
Oxford

State
MS

Zip Code
38655-3235

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Specialty Orthopedic Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2022

Transaction ID : 11324639

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lisella, Jordan, Mills, , MD, FAAOS

Mailing Address 14 Turner Lane

City
Loudonville

State
NY

Zip Code
12211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capital Region Orthopaedic Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 14 / 2022

Transaction ID : 11324640

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

252.00

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Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Greene, Robert, Neil, , MD,FAOS**

Mailing Address 1211 N 16th Ave

City
Yakima

State
WA

Zip Code
98902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedics Northwest PLLC

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2022

Transaction ID : 11324948

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Olsen, Adam, S, , MD**

Mailing Address 3686 Washington Street
Apt 2520

City
Boston

State
MA

Zip Code
02130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brigham and Women's Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2022

Transaction ID : 11324949

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Kraushaar, Barry, S, , MD,FAOS**

Mailing Address 3 Divot PI

City
Suffern

State
NY

Zip Code
10901

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advanced Ortho & Sports Medicine

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2022

Transaction ID : 11324950

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

210.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Buzzell, Jonathan, E, , MD, FAAOS

Mailing Address 2725 S 144th St Ste 212

City

Omaha

State

NE

Zip Code

68144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OrthoNebraska

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2022

Transaction ID : 11324981

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cooke, Christopher, C, , MD, FAAOS

Mailing Address 15 Lark Lane

City

Lancaster

State

PA

Zip Code

17603

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ortho Assoc Lancaster

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 16 / 2022

Transaction ID : 11325105

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Winston, Jonathan, , , MD

Mailing Address 4534 Shadowbrook Court

City

Bettendorf

State

IA

Zip Code

52722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ORA Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 18 / 2022

Transaction ID : 11325119

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1584.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tyndall, William, A, , MD,FAAOS

Mailing Address 123 Brittany Ln

City

Holidaysburg

State

PA

Zip Code

16648

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2022

Transaction ID : 11325126

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Woodcock, Jessica, A, , MD,FAAOS

Mailing Address 738 Newman Rd

City

New Bern

State

NC

Zip Code

28562

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Carolina Orthopedics and Sports Medici

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2022

Transaction ID : 11325127

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Cooper, Scott, Snow, , MD,FAAOS

Mailing Address 405 NW A St

1101 Horsebarn Road

City

Bentonville

State

AR

Zip Code

72712

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mercy Clinic Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2022

Transaction ID : 11325128

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

252.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Drayer, Steven, L, , MD, FAAOS

Mailing Address 1515 Lake Lansing Rd Ste B-1

City
Lansing

State
MI

Zip Code
48912-3752

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 19 / 2022

Transaction ID : 11325130

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Higgins, Michael, E, , MD, FAAOS

Mailing Address 5236 Rockport Landing

City
Suffolk

State
VA

Zip Code
23435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Tidewater Orthopaedic Assoc

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 20 / 2022

Transaction ID : 11325133

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gombera, Mufaddal, M, , MD, FAAOS

Mailing Address 323 Hunters Trail

City
Houston

State
TX

Zip Code
77024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Texas Orthopedic Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 20 / 2022

Transaction ID : 11325134

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Abrutyn, David, A, , MD, FAAOS

Mailing Address 20 Pitney Court

City

Basking Ridge

State

NJ

Zip Code

07920

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Summit Health Management

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2022

Transaction ID : 11325135

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McCraney, William, Owen, , MD, FAAOS

Mailing Address 1619 Poplar Blvd

City

Jackson

State

MS

Zip Code

39202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2022

Transaction ID : 11325136

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rojer, David, Eli, , MD, FAAOS

Mailing Address 419 Walton Rd

City

Maplewood

State

NJ

Zip Code

07040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Union County Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2022

Transaction ID : 11326341

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shen, Wen, , , MD,FAAOS

Mailing Address 33 Pond Hills Ct

City
Pleasant Valley

State
NY

Zip Code
12569

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopedic Associates of Dutchess Coun

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 21 / 2022

Transaction ID : 11326347

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chapman, Cary, B, , MD,FAAOS

Mailing Address 10903 Blue Palm Street

City
Plantation

State
FL

Zip Code
33324

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Miami Orthopedics & Sports Medicine In

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 21 / 2022

Transaction ID : 11326348

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Stoeckl, Andrew, , , MD, FAAOS

Mailing Address 90 Fairlawn Dr

City
Amherst

State
NY

Zip Code
14226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Excelsior Orthopedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

498.00

Date of Receipt

06 / 21 / 2022

Transaction ID : 11326349

Amount of Each Receipt this Period

83.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

251.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Chandler, David, R, , MD,FAOS

Mailing Address 165 Middle Plantation Ln

City

Gulf Breeze

State

FL

Zip Code

32561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Andrews Institute For Orthopaedics & S

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 21 / 2022

Transaction ID : 11326350

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sherbondy, Paul, Strawn, , MD, FAAOS

Mailing Address 507 Beaumont Dr

City

State College

State

PA

Zip Code

16801-8311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Penn State Health

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 22 / 2022

Transaction ID : 11326893

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kirol, Bernard, G, , MD, FAAOS

Mailing Address 338 Turnwall Ln

City

Elgin

State

SC

Zip Code

29045-9507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Midlands Orthopaedics, PA

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 22 / 2022

Transaction ID : 11326894

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

243.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Veitch, Andrew, John, , MD,FAAOS

Mailing Address 13416 Desert Zinnia Ct NE

City

Albuquerque

State

NM

Zip Code

87111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of New Mexico, Dept of Orth

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2022

Transaction ID : 11326895

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hire, Justin, M, , MD,FAAOS

Mailing Address 6567 Elizabeth Ave

City

Springdale

State

AR

Zip Code

72762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Dwight David Eisenhower Army Medical C

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2022

Transaction ID : 11326897

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Styron, Joseph, F, , MD, PhD, F

Mailing Address 14244 Calderdale Ln

City

Strongsville

State

OH

Zip Code

44136

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cleveland Clinic Foundation

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2022

Transaction ID : 11326898

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

376.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mayberry, Sharon, K, , MD,FAOS

Mailing Address 504 Shoreline Drive

City

Gulf Breeze

State

FL

Zip Code

32561

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orthopedics For Kids

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2022

Transaction ID : 11327877

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maggitti, Michael, J, , MD,FAOS

Mailing Address 2 Inlet Hook Road

City

Wilmington

State

NC

Zip Code

28411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Southeastern Regional Medical Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2022

Transaction ID : 11327878

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Russell, George, V, , Jr, MD,MBA

Mailing Address 244 North Natchez Drive

City

Madison

State

MS

Zip Code

39110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Mississippi Med Ctr

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

06 / 21 / 2022

Transaction ID : 11327879

Amount of Each Receipt this Period

90.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

590.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Arrington, COL Edward, D, , MD,FAAOS

Mailing Address 2908 Edgewood Lane

City
Colleyville

State
TX

Zip Code
76034-5179

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

US Army

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 21 / 2022

Transaction ID : 11327880

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hall, Christian, Carson, , MD, FAAOS

Mailing Address 870 Westover Lane

City
York

State
PA

Zip Code
17403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wellspan Orthopedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2022

Transaction ID : 11327881

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Moon, Daniel, K, , MD,MBA,MS,

Mailing Address 5997 Beeler St

City
Denver

State
CO

Zip Code
80238

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Colorado School of Medic

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2022

Transaction ID : 11327909

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lang, Gerald, J., MD,FAAOS

Mailing Address 1309 Redan Drive

City
Verona

State
WI

Zip Code
53593

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Wisconsin

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2022

Transaction ID : 11327910

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bergmann, Karl, Andrew, MD, FAAOS

Mailing Address 7710 Mercy Road, Suite 2000

City
Omaha

State
NE

Zip Code
68124-2323

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHI Health

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2022

Transaction ID : 11327911

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Friedmann, Elizabeth, MD

Mailing Address 2660B Greenbriar Lane

City
Annapolis

State
MD

Zip Code
21401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Maryland

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2022

Transaction ID : 11327912

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

584.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Palma, Douglas, , , MD,FAOS

Mailing Address 271 White Horse Rd

City
Cochranville

State
PA

Zip Code
19330-9472

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Delaware Orthopaedic Specialist

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2022

Transaction ID : 11327913

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Comisar, Bruce, Rodney, , Jr, MD, FA

Mailing Address 7786 Brandon Rd

City
New Albany

State
OH

Zip Code
43054-9005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoNeuro

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2022

Transaction ID : 11328351

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Raizman, Noah, Matthew, , MD,FAOS

Mailing Address 1015 18th Street NW
Suite 300

City
Washington

State
DC

Zip Code
20036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Centers For Advanced Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 23 / 2022

Transaction ID : 11328424

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Navarro, Ronald, Anthony, , MD,FAAOS

Mailing Address 18 Wide Loop Rd

City
Rolling Hills

State
CA

Zip Code
90274

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente South Bay

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2022

Transaction ID : 11328425

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tripuraneni, Krishna, Raj, , MD,FAAOS

Mailing Address 9212 Lexie Lane NE

City
Albuquerque

State
NM

Zip Code
87122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
New Mexico Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2022

Transaction ID : 11328427

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beltran, Michael, John, , MD,FAAOS

Mailing Address UC Dept of Orthopaedic Surgery
231 Albert Sabin Way Room 5553

City
Cincinnati

State
OH

Zip Code
45267-0212

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Department of Orthopaedics and Rehabil

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2022

Transaction ID : 11329025

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1168.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mitros, Stephen, F, , MD, FAAOS

Mailing Address 51045 Erin Glen Dr

City
Granger

State
IN

Zip Code
46530

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mitros Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2022

Transaction ID : 11329026

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Huddleston, James, Irvin, , III, MD,FA

Mailing Address 103 Harkins Road

City
Woodside

State
CA

Zip Code
94062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stanford Medicine Outpatient Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2022

Transaction ID : 11329027

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. McGuire, Michael, S, , MD, FAAOS

Mailing Address 5478 Saddle Ridge Ct

City
Las Cruces

State
NM

Zip Code
88011-2566

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2022

Transaction ID : 11329067

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

584.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hussain, Suleman, M, , MD,FAAOS

Mailing Address 6817 Still Creek Pass

City
Bettendorf

State
IA

Zip Code
52722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ORA

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2022

Transaction ID : 11329070

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schmitz, Matthew, R, , MD,FAAOS

Mailing Address 111 Ottawa Run

City

Shavano Park

State

TX

Zip Code

78231-1457

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
San Antonio Military Medical Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

06 / 27 / 2022

Transaction ID : 11329071

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fowler, John, R, , MD,FAAOS

Mailing Address 149 Morningside Dr

City

Cranberry Twp

State

PA

Zip Code

16066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Pittsburgh

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

06 / 27 / 2022

Transaction ID : 11329072

Amount of Each Receipt this Period

84.00

☐ Memo Item

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TOTAL This Period (last page this line number only)..... ►

584.00

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rasmussen, T, J, , MD,FAAOS

Mailing Address 26765 W 103rd St

City
Olathe

State
KS

Zip Code
66061

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kansas City Orthopaedic Institute

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 23 / 2022

Transaction ID : 11329498

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Vigna, Franco, Edward, , MD, FAAOS

Mailing Address 36 Lincoln Pkwy

City
Buffalo

State
NY

Zip Code
14222

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 23 / 2022

Transaction ID : 11329504

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pushkarewicz, Michael, J, , MD,FAAOS,F

Mailing Address 1510 Braken Ave

City
Wilmington

State
DE

Zip Code
19808

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
First State Orthopaedics

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2022

Transaction ID : 11329639

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1292.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gary, Joshua, Layne, , MD,FAAOS

Mailing Address 951 Descanso Dr

City

La Canada Flintridge

State

CA

Zip Code

91011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Keck School of Medicine of USC

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2022

Transaction ID : 11329640

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Scales, Darrell, Kevin, , MD,FAAOS

Mailing Address 5425 Golf View Dr

City

Braselton

State

GA

Zip Code

30517

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Georgia Physicians Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2022

Transaction ID : 11329641

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Carolan, Gregory, Francis, , MD,FAAOS

Mailing Address 1806 Meadow Ridge Ct

City

Bethlehem

State

PA

Zip Code

18015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St Luke's Ortho Surg Group

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2022

Transaction ID : 11329642

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

268.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Pinto, Mark, C., MD,FAOS</p>			<p>Date of Receipt</p> <p>06 / 28 / 2022</p> <p>Transaction ID : 11329643</p>		
<p>Mailing Address 7644 Base Lake Drive</p>			<p>Amount of Each Receipt this Period</p> <p>250.00</p>		
<p>City</p> <p>Dexter</p>	<p>State</p> <p>MI</p>	<p>Zip Code</p> <p>48130</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>		
<p>Name of Employer (for Individual)</p> <p>IHA Orthopaedic Surgery - Chelsea</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Razi, Afshin, , MD,FAOS</p>			<p>Date of Receipt</p> <p>06 / 28 / 2022</p> <p>Transaction ID : 11329644</p>		
<p>Mailing Address 2 Dogwood Road</p>			<p>Amount of Each Receipt this Period</p> <p>250.00</p>		
<p>City</p> <p>Great Neck</p>	<p>State</p> <p>NY</p>	<p>Zip Code</p> <p>11024</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>500.00</p>		
<p>Name of Employer (for Individual)</p> <p>Maimonides Medical Center</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>					
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C. Allard, Mark, Michael, , MD,FAOS</p>			<p>Date of Receipt</p> <p>06 / 28 / 2022</p> <p>Transaction ID : 11329645</p>		
<p>Mailing Address 3010 Cortney Circle</p>			<p>Amount of Each Receipt this Period</p> <p>84.00</p>		
<p>City</p> <p>Siloam Springs</p>	<p>State</p> <p>AR</p>	<p>Zip Code</p> <p>72761</p>	<p><input type="checkbox"/> Memo Item</p>		
<p>FEC ID number of contributing federal political committee.</p> <p>C</p>			<p>Aggregate Year-to-Date ▼</p> <p>504.00</p>		
<p>Name of Employer (for Individual)</p> <p>Self Employed</p>			<p>Occupation (for Individual)</p> <p>Orthopaedic Surgeon</p>		
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>					
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>			<p>584.00</p>		
<p>TOTAL This Period (last page this line number only).....▶</p>			<p></p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reid, J, Spence, , MD,FAAOS

Mailing Address 500 University Drive

Department of Orthopaedics

City

Hershey

State

PA

Zip Code

17036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Penn State

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 28 / 2022

Transaction ID : 11329646

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Giuseffi, Steven, A, , MD,FAAOS

Mailing Address 4784 Enchanted Pines Dr

City

Rapid City

State

SD

Zip Code

57701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Black Hills Orthopedic and Spine Cente

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 28 / 2022

Transaction ID : 11329647

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burkhart, Bradd, , , MD, FAAOS

Mailing Address 1600 Legion Dr

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Orlando Orthopaedic Center

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2022

Transaction ID : 11330459

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

668.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VanDyke, Travis, Boyd, , MD, FAAOS

Mailing Address 725 Baxter Street

City
Orlando

State
FL

Zip Code
32806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orlando Orthopaedic Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2022

Transaction ID : 11330460

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schwartzberg, Randy, Steven, , MD,FAAOS

Mailing Address 111 Arrowhead Court

City

Winter Springs

State

FL

Zip Code

32708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orlando Orthopaedic Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2022

Transaction ID : 11330461

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Bonenberger, Eric, Gunn, , MD, FAAOS

Mailing Address 8994 Hubbard Place

City

Orlando

State

FL

Zip Code

32819

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orlando Orthopaedic Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2022

Transaction ID : 11330462

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 200 OF 268
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weber, Steven, , DO, FAAOSMailing Address 25 West Crystal Lake St
Ste 200City
OrlandoState
FLZip Code
32806FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orlando Orthopaedic CenterOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
06	28	2022

Transaction ID : 11330463

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reuss, Bryan, Lee, , MD,FAAOS

Mailing Address 476 Sylvan Dr

City

Winter Park

State

FL

Zip Code

32789-3975

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orlando Orthopaedic CenterOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
06	28	2022

Transaction ID : 11330464

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Halperin, Lawrence, S, , MD,FAAOS

Mailing Address 408 Spring Valley Ln

City

Altamonte Springs

State

FL

Zip Code

32714

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orlando Orthopaedic CenterOccupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
06	28	2022

Transaction ID : 11330465

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jones, Craig, P, , MD, FAAOS

Mailing Address 1345 Spring Lake Dr

City
Orlando

State
FL

Zip Code
32804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orlando Orthopaedic Center

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2022

Transaction ID : 11330466

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kofoed, John, Charles, , MD, FAAOS

Mailing Address 2619 Seminole Ct

City
Fairfield

State
CA

Zip Code
94534-7871

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sutter Medical Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2022

Transaction ID : 11330467

Amount of Each Receipt this Period

89.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mead, Leon, P, , MD, FAAOS

Mailing Address 730 Goodlette Rd North #201

City
Naples

State
FL

Zip Code
34102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 28 / 2022

Transaction ID : 11330468

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1589.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Tornetta, Paul, , , III, MD,FA			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 06 / 30 / 2022</div> </div> Transaction ID : 11330691		
Mailing Address 15 Nelson Dr			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>		
City Chestnut Hill	State MA	Zip Code 02467	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; text-align: center;">C</div>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>		
Name of Employer (for Individual) Boston Medical Center			Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div>		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Macey, Theodore, I, , MD,FAAOS			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 06 / 28 / 2022</div> </div> Transaction ID : 11330762		
Mailing Address 1212 Twin Bay Dr			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>		
City Fort Walton Beach	State FL	Zip Code 32547	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; text-align: center;">C</div>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>		
Name of Employer (for Individual) Orthopaedic Associates			Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Marangi, Kent, Steven, , MD,FAAOS			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 06 / 28 / 2022</div> </div> Transaction ID : 11330764		
Mailing Address 3813 Vista Blanca			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>		
City San Clemente	State CA	Zip Code 92672	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px; text-align: center;">C</div>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>		
Name of Employer (for Individual) Self Employed			Occupation (for Individual) Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>		
SUBTOTAL of Receipts This Page (optional).....			<div style="border: 1px solid black; padding: 2px; text-align: right;">6250.00</div>		
TOTAL This Period (last page this line number only).....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Culp, Brian, Matthew, , MD,FAAOS

Mailing Address 1805 Barclay Blvd

City
Princeton

State
NJ

Zip Code
08540-5891

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Princeton Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2022

Transaction ID : 11330874

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Snyder, Matthew, J, , MD, FAAOS

Mailing Address 14912 Chopine Pass

City
Roanoke

State
IN

Zip Code
46783-9308

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Orthopedic Hospital of Lutheran He

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2022

Transaction ID : 11330875

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Glusenkamp, Nathan, , ,

Mailing Address 9400 W Higgins Rd

City
Rosemont

State
IL

Zip Code
60018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAOS

Occupation (for Individual)
Chief Quality and Registries Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 22 / 2022

Transaction ID : 11330876

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mejia, Alfonso, , , MD,MPH,FAA

Mailing Address 5332 South Shore Drive

City
Chicago

State
IL

Zip Code
60615-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Illinois Association of Orthopedic Sur

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2022

Transaction ID : 11330877

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schmidt, Kenneth, , , MD

Mailing Address 10811 N 52nd Street

City
Scottsdale

State
AZ

Zip Code
85254

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OrthoArizona

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2022

Transaction ID : 11330878

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gill, John, T, , MD,FAAOS

Mailing Address 8230 Walnut Hill Ln
Ste 708

City
Dallas

State
TX

Zip Code
75231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2022

Transaction ID : 11330879

Amount of Each Receipt this Period

166.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 OF 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Halsey, David, A, , MD,FAAOS

Mailing Address PO Box 9000

#132

City

Edgartown

State

MA

Zip Code

02539

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Martha's Vineyard Hospital

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 27 / 2022

Transaction ID : 11330880

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ellis, Henry, Bone, , Jr, MD,FAA

Mailing Address 2945 Stanford Ave

City

Dallas

State

TX

Zip Code

75225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Scottish Rite Sports Medicine

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

06 / 27 / 2022

Transaction ID : 11330881

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Redfern, Fred, C, , MD,FAAOS

Mailing Address 9 Via Tiberina

City

Henderson

State

NV

Zip Code

89011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 27 / 2022

Transaction ID : 11330882

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

584.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shrock, Kevin, B, , MD,FAOS

Mailing Address 1414 SE 3rd Ave

City

Fort Lauderdale

State

FL

Zip Code

33316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fort Lauderdale Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	D D	Y Y Y Y
06	27	2022

Transaction ID : 11330883

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Leffers, Kevin, John, , MD

Mailing Address 4922 Stratford Rd

City

Fort Wayne

State

IN

Zip Code

46807-2947

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Fort Wayne Orthopaedics

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	D D	Y Y Y Y
06	27	2022

Transaction ID : 11330886

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Saucedo, James, Matthew, , MD,MBA,FAAMailing Address 13802 Centerfield Drive
#300

City

Houston

State

TX

Zip Code

77070

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Hand Center of San Antonio

Occupation (for Individual)

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M	D D	Y Y Y Y
06	27	2022

Transaction ID : 11330887

Amount of Each Receipt this Period

84.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

268.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 OF 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Prather, John, T, , MD, FAAOS

Mailing Address 4425 Paulsen Street

City
Savannah

State
GA

Zip Code
31405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Chatham Orthopaedic Associates

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2022

Transaction ID : 11330888

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Arend, Thomas, E, , Jr,

Mailing Address 9400 W Higgins Rd

City
Rosemont

State
IL

Zip Code
60018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAOS

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2022

Transaction ID : 11330889

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Panchbhavi, Vinod, Kumar, , MD,FAAOS,F

Mailing Address 1165 Rymers Switch Lane

City
Friendswood

State
TX

Zip Code
77546

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of Texas Medical Branch

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2022

Transaction ID : 11330890

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

418.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 OF 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Priore, Anthony, , ,

Mailing Address 9400 W Higgins Rd Ste 100

City
Rosemont

State
IL

Zip Code
60018-4975

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AAOS

Occupation (for Individual)
Chief Marketing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2022

Transaction ID : 11330891

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Teuscher, David, Dean, , MD,FAAOS

Mailing Address 6330 Cobblestone Lane

City
Arlington

State
TX

Zip Code
76001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2022

Transaction ID : 11330892

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Iorio, Richard, , , MD,FAAOS

Mailing Address 31 Prince St

City
Beverly

State
MA

Zip Code
01915

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brigham and Women's Hospital

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2022

Transaction ID : 11330893

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

418.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 OF 268

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lopez, David, Vincent, , MD,FAAOS

Mailing Address 27 Courtney Ct

City
Freehold

State
NJ

Zip Code
07728

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Orthopaedic & Sports Medicine Speciali

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2022

Transaction ID : 11330894

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. David, Tal, S, , MD,FAAOS

Mailing Address 5165 Rancho Quinta Bend

City
San Diego

State
CA

Zip Code
92130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Synergy Specialists Medical Group

Occupation (for Individual)
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2022

Transaction ID : 11364232

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totalling \$1000.00 This
changes the YTD Total to \$1000.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

84.00

203132.49

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2022

FEC Identification Number

C

Transaction ID : 11271712

Amount of Each Disbursement this Period

38.20

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2022

FEC Identification Number

C

Transaction ID : 11271790

Amount of Each Disbursement this Period

2231.64

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	15	/	2022

FEC Identification Number

C

Transaction ID : 11299810

Amount of Each Disbursement this Period

142.98

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2412.82

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		03		2022

FEC Identification Number

C

Transaction ID : 11307072

Amount of Each Disbursement this Period

265.49

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2022

FEC Identification Number

C

Transaction ID : 11307363

Amount of Each Disbursement this Period

227.09

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2022

FEC Identification Number

C

Transaction ID : 11307364

Amount of Each Disbursement this Period

608.55

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1101.13

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	8			2	0	2	2		

FEC Identification Number

C

Transaction ID : 11307365

Amount of Each Disbursement this Period

183.33

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	5			2	0	2	2		

FEC Identification Number

C

Transaction ID : 11307366

Amount of Each Disbursement this Period

195.41

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : 11312237

Amount of Each Disbursement this Period

121.11

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

499.85

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2022

FEC Identification Number

C

Transaction ID : 11318527

Amount of Each Disbursement this Period

237.60

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2022

FEC Identification Number

C

Transaction ID : 11318528

Amount of Each Disbursement this Period

515.04

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2022

FEC Identification Number

C

Transaction ID : 11318529

Amount of Each Disbursement this Period

266.68

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1019.32

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 214 OF 268

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2022

FEC Identification Number

C

Transaction ID : 11318530

Amount of Each Disbursement this Period

394.99

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2022

FEC Identification Number

C

Transaction ID : 11318531

Amount of Each Disbursement this Period

421.65

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2022

FEC Identification Number

C

Transaction ID : 11319787

Amount of Each Disbursement this Period

172.88

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

989.52

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 215 OF 268

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	5			2	0	2	2		

FEC Identification Number

C

Transaction ID : 11324606

Amount of Each Disbursement this Period

122.16

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	6			2	0	2	2		

FEC Identification Number

C

Transaction ID : 11333169

Amount of Each Disbursement this Period

339.46

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	2	2		

FEC Identification Number

C

Transaction ID : 11333170

Amount of Each Disbursement this Period

656.21

Bank fees deducted from account

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1117.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 216 OF 268

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	2	2		

FEC Identification Number

C

Transaction ID : 11333171

Amount of Each Disbursement this Period

265.20

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Huntington National Bank

Mailing Address 678 Lee St

City
Des PlainesState
ILZip Code
60018Purpose of Disbursement
Bank fees deducted from account

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7			2	0	2	2		

FEC Identification Number

C

Transaction ID : 11333172

Amount of Each Disbursement this Period

200.97

Bank fees deducted from account

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

466.17

TOTAL This Period (last page this line number only).....▶

7606.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 217 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Darren Soto For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2022

Mailing Address PO Box 421349

City
KissimmeeState
FLZip Code
34742

Purpose of Disbursement

011

Category/
Type

Candidate Name

Soto, Darren, Michael, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 09

FEC Identification Number

C C00581074

Transaction ID : 11272029

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Susan Wild For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2022

Mailing Address 1636 N Cedar Crest Blvd
#183City
AllentownState
PAZip Code
18104

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wild, Susan, Ellis, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 07

FEC Identification Number

C C00658567

Transaction ID : 11272031

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dr John Joyce For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2022

Mailing Address 1002 Logan Blvd
Ste 114 #237City
AltoonaState
PAZip Code
16602

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joyce, John, , Rep., MD

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

FEC Identification Number

C C00674259

Transaction ID : 11272032

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 218 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Bera For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2022

Mailing Address PO Box 582496

City
Elk GroveState
CAZip Code
95758

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bera, Ami, , Rep., MD

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 07

FEC Identification Number

C C00461061**Transaction ID : 11272033**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bonamici For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2022

Mailing Address PO Box 1632

City
BeavertonState
ORZip Code
97075

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bonamici, Suzanne, M., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District: 01

FEC Identification Number

C C00500421**Transaction ID : 11272034**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hudson For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2022

Mailing Address PO Box 5053

City
ConcordState
NCZip Code
28027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hudson, Richard, L., Rep., Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 08

FEC Identification Number

C C00504522**Transaction ID : 11272035**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 219 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City
SarasotaState
FLZip Code
34230

Purpose of Disbursement

011

Category/
Type

Candidate Name

Buchanan, Vern, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL

District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	2	2

FEC Identification Number

C C00412759**Transaction ID : 11272037**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Buddy Carter For Congress

Mailing Address PO Box 10570

City
SavannahState
GAZip Code
31412

Purpose of Disbursement

011

Category/
Type

Candidate Name

Carter, Buddy, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	2	2

FEC Identification Number

C C00543967**Transaction ID : 11272038**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joe Wilson For Congress

Mailing Address PO Box 2145

City
West ColumbiaState
SCZip Code
29171

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wilson, Joe, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC

District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	2	2

FEC Identification Number

C C00368522**Transaction ID : 11272039**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 220 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Jimmy Gomez For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	2	2		

Mailing Address 777 S Figueroa St Suite 4050

City
Los AngelesState
CAZip Code
90017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gomez, Jimmy, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 34

FEC Identification Number

C C00629659**Transaction ID : 11272044**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cole For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	2	2		

Mailing Address P.O. Box 722256

City
NormanState
OKZip Code
73070

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cole, Thomas, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: OK

District: 04

FEC Identification Number

C C00379735**Transaction ID : 11272045**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cole For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	2	2		

Mailing Address P.O. Box 722256

City
NormanState
OKZip Code
73070

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cole, Thomas, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: OK

District: 04

FEC Identification Number

C C00379735**Transaction ID : 11272050**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 221 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Jake Auchincloss For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	2	2		

Mailing Address P.O. Box 600698

City
NewtonvilleState
MAZip Code
02460

Purpose of Disbursement

011

Category/
Type

Candidate Name

Auchincloss, Jacob, Daniel, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA

District: 04

FEC Identification Number

C C00721449

Transaction ID : 11272051

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dwight Evans For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	2	2		

Mailing Address PO Box 6578

City
PhiladelphiaState
PAZip Code
19138

Purpose of Disbursement

011

Category/
Type

Candidate Name

Evans, Dwight, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 03

FEC Identification Number

C C00591065

Transaction ID : 11272052

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tammy For Illinois

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	2	2		

Mailing Address PO Box 10793

City
ChicagoState
ILZip Code
60610

Purpose of Disbursement

011

Category/
Type

Candidate Name

Duckworth, L. Tammy, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District:

FEC Identification Number

C C00574889

Transaction ID : 11272057

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 222 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Tammy For Illinois

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2022

Mailing Address PO Box 10793

FEC Identification Number

C C00574889**Transaction ID : 11272059**

Amount of Each Disbursement this Period

1000.00

☐ Memo ItemCity
ChicagoState
ILZip Code
60610

Purpose of Disbursement

011

Category/
Type

Candidate Name

Duckworth, L. Tammy, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2022

☐ Primary☒ General☐ Other (specify) ▼

State: IL

District:

Full Name (Last, First, Middle Initial)

B. Ron Johnson For Senate, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2022

Mailing Address PO Box 1159

FEC Identification Number

C C00482984**Transaction ID : 11272060**

Amount of Each Disbursement this Period

2500.00

☐ Memo ItemCity
OshkoshState
WIZip Code
54903

Purpose of Disbursement

011

Category/
Type

Candidate Name

Johnson, Ron, , Sen.,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State: WI

District:

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2022

Mailing Address 120 Maryland Avenue, NE

FEC Identification Number

C C00042366**Transaction ID : 11272061**

Amount of Each Disbursement this Period

15000.00

☐ Memo ItemCity
WashingtonState
DCZip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

18500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 223 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Comm.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	2	2

Mailing Address 320 First Street, SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Building Fund

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00002931

Transaction ID : 11272062

Amount of Each Disbursement this Period

15000.00

Building Fund

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	2	2

Mailing Address 425 Second Street, NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Legal Fund

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00027466

Transaction ID : 11272063

Amount of Each Disbursement this Period

15000.00

Legal Fund

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	2	2

Mailing Address 430 S Capitol St SE
2nd FloorCity
WashingtonState
DCZip Code
20003Purpose of Disbursement
Legal Fund

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00347864

Transaction ID : 11272064

Amount of Each Disbursement this Period

15000.00

Legal Fund

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	2	2		

Mailing Address PO Box 1566

City
IndioState
CAZip Code
92202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ruiz, Raul, , Rep., MD

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 36

FEC Identification Number

C C00502575

Transaction ID : 11272065

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Grassley Committee, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	2	2		

Mailing Address PO Box 1000

City
Des MoinesState
IAZip Code
50304

Purpose of Disbursement

011

Category/
Type

Candidate Name

Grassley, Charles, E., Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IA

District:

FEC Identification Number

C C00230482

Transaction ID : 11272066

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Grassley Committee, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	2	2		

Mailing Address PO Box 1000

City
Des MoinesState
IAZip Code
50304

Purpose of Disbursement

011

Category/
Type

Candidate Name

Grassley, Charles, E., Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: IA

District:

FEC Identification Number

C C00230482

Transaction ID : 11272067

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Hawkeye PAC, The

Mailing Address 621 E 9th Street

City
Des MoinesState
IAZip Code
50309Purpose of Disbursement
Grassley LPAC

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	5			2	0	2	2		

FEC Identification Number

C C00379479

Transaction ID : 11272068

Amount of Each Disbursement this Period

5000.00

Grassley LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Julia Letlow For Congress

Mailing Address PO Box 539

City
RayvilleState
LAZip Code
71269

Purpose of Disbursement

011

Category/
Type

Candidate Name

Letlow, Julia, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	2			2	0	2	2		

FEC Identification Number

C C00766428

Transaction ID : 11298491

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Miller-Meeks For Congress

Mailing Address PO Box 33

City
OttumwaState
IAZip Code
52501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Miller-Meeks, Mariannette, Jane, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: IA

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	2			2	0	2	2		

FEC Identification Number

C C00558825

Transaction ID : 11298492

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Greg Pence For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		12		2022

Mailing Address PO Box 275

City
TaylorsvilleState
INZip Code
47280

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pence, Gregory, J., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 06

FEC Identification Number

C C00658401

Transaction ID : 11298493

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bridge PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		12		2022

Mailing Address 499 South Capitol Street, SW
Suite 422City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Clyburn LPAC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00399196

Transaction ID : 11298494

Amount of Each Disbursement this Period

5000.00

Clyburn LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. America Works Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2022

Mailing Address 607 14th Street, NW
Suite 800City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Brown LPAC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00331694

Transaction ID : 11302861

Amount of Each Disbursement this Period

5000.00

Brown LPAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 227 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Citizens For Boyle

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2022

Mailing Address PO Box 14310

City
PhiladelphiaState
PAZip Code
19115

Purpose of Disbursement

011

Category/
Type

Candidate Name

Boyle, Brendan, F., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 02

FEC Identification Number

C C00543363

Transaction ID : 11302862

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Green For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2022

Mailing Address PO Box 331046

City
NashvilleState
TNZip Code
37203

Purpose of Disbursement

011

Category/
Type

Candidate Name

Green, Mark, E., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 07

FEC Identification Number

C C00658385

Transaction ID : 11302863

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cohen For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2022

Mailing Address 349 Kenilworth Place

City
MemphisState
TNZip Code
38112

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cohen, Stephen, Ira, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 09

FEC Identification Number

C C00422980

Transaction ID : 11302864

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 228 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Teresa For All

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2022

Mailing Address PO Box 2675

City
Santa FeState
NMZip Code
87504

FEC Identification Number

C C00704049**Transaction ID : 11302875**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Purpose of Disbursement

011

Category/
Type

Candidate Name

Leger Fernandez, Teresa, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: NM

District: 03

Full Name (Last, First, Middle Initial)

B. Tom Rice For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2022

Mailing Address PO Box 70098

City
Myrtle BeachState
SCZip Code
29572

FEC Identification Number

C C00506048**Transaction ID : 11307076**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Candidate Name

Rice, Tom, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: SC

District: 07

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2022

Mailing Address 700 13th Street, Nw
Suite 800City
WashingtonState
DCZip Code
20005

FEC Identification Number

C C00213512**Transaction ID : 11307077**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Candidate Name

Pelosi, Nancy, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 12

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Dwight Evans For Congress

Mailing Address PO Box 6578

City
PhiladelphiaState
PAZip Code
19138

Purpose of Disbursement

011

Category/
Type

Candidate Name

Evans, Dwight, , Rep.,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2022

FEC Identification Number

C C00591065**Transaction ID : 11307093**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dwight Evans For Congress

Mailing Address PO Box 6578

City
PhiladelphiaState
PAZip Code
19138

Purpose of Disbursement

011

Category/
Type

Candidate Name

Evans, Dwight, , Rep.,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2022

FEC Identification Number

C C00591065**Transaction ID : 11307096**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Feenstra For Congress

Mailing Address 641 2nd St

City
HullState
IAZip Code
51239

Purpose of Disbursement

011

Category/
Type

Candidate Name

Feenstra, Randall, L., Rep.,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2022

FEC Identification Number

C C00693663**Transaction ID : 11307097**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Scalise For Congress

Mailing Address PO Box 23219

City
JeffersonState
LAZip Code
70183

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scalise, Steve, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	2		

FEC Identification Number

C C00394957**Transaction ID : 11307098**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City
FlintState
MIZip Code
48501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kildee, Dan, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	2		

FEC Identification Number

C C00499947**Transaction ID : 11307099**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City
FlintState
MIZip Code
48501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kildee, Dan, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	2		

FEC Identification Number

C C00499947**Transaction ID : 11307100**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 231 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Blumenthal for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2022

Mailing Address 10 G Street
Suite 570City
WashingtonState
DCZip Code
20002

Purpose of Disbursement

011

FEC Identification Number

C C00473587

Transaction ID : 11307101

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Candidate Name

Blumenthal, Richard, , ,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State: DC

District:

Full Name (Last, First, Middle Initial)

B. Mike Crapo For US Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2022

Mailing Address PO Box 1948

City
BoiseState
IDZip Code
83701

Purpose of Disbursement

011

FEC Identification Number

C C00330886

Transaction ID : 11307103

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Candidate Name

Crapo, Mike, , Sen.,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2022

☐ Primary☒ General☐ Other (specify) ▼

State: ID

District:

Full Name (Last, First, Middle Initial)

C. Courtney For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2022

Mailing Address PO Box 1372

City
VernonState
CTZip Code
06066

Purpose of Disbursement

011

FEC Identification Number

C C00410233

Transaction ID : 11307107

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Candidate Name

Courtney, Joseph, D., Rep.,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State: CT

District: 02

SUBTOTAL of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 232 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Pascrell For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2022

Mailing Address PO Box 100

City
TeaneckState
NJZip Code
07666

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pascrell, William, J., Rep., Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 09

FEC Identification Number

C C00313510

Transaction ID : 11307108

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of John Thune

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2022

Mailing Address PO Box 841

City
Sioux FallsState
SDZip Code
57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thune, John, R., Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: SD

District:

FEC Identification Number

C C00409581

Transaction ID : 11307109

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Boozman For Arkansas

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2022

Mailing Address PO Box 671

City
RogersState
ARZip Code
72757

Purpose of Disbursement

011

Category/
Type

Candidate Name

Boozman, John, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: AR

District:

FEC Identification Number

C C00476317

Transaction ID : 11307110

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 233 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Hudson For Congress

Mailing Address PO Box 5053

City
ConcordState
NCZip Code
28027

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hudson, Richard, L., Rep., Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	2		

FEC Identification Number

C C00504522**Transaction ID : 11307111**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mann For Congress

Mailing Address PO Box 1084

City
SalinaState
KSZip Code
67402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mann, Tracey, Robert, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	2		

FEC Identification Number

C C00460659**Transaction ID : 11307112**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pete Sessions For Congress

Mailing Address PO Box 7754

City
WacoState
TXZip Code
76714

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sessions, Peter, Anderson, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 17

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	2		

FEC Identification Number

C C00303305**Transaction ID : 11307113**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2022

Mailing Address PO Box 12667

City
BakersfieldState
CAZip Code
93389

Purpose of Disbursement

011

Category/
Type

Candidate Name

McCarthy, Kevin, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 23

FEC Identification Number

C C00420935

Transaction ID : 11307114

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tom O'Halleran For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2022

Mailing Address PO Box 63992

City
PhoenixState
AZZip Code
85082

Purpose of Disbursement

011

Category/
Type

Candidate Name

O'Halleran, Tom, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ

District: 01

FEC Identification Number

C C00582890

Transaction ID : 11307115

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nevadans For Steven Horsford

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2022

Mailing Address PO Box 336664

City
North Las VegasState
NVZip Code
89033

Purpose of Disbursement

011

Category/
Type

Candidate Name

Horsford, Steven, Alexander, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV

District: 04

FEC Identification Number

C C00668228

Transaction ID : 11307116

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 235 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Cindy Axne For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2022

Mailing Address PO Box 65551

City
West Des MoinesState
IAZip Code
50265

Purpose of Disbursement

011

Category/
Type

Candidate Name

Axne, Cindy, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: IA

District: 03

FEC Identification Number

C C00646844

Transaction ID : 11307117

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Josh Gottheimer For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2022

Mailing Address PO Box 584

City
RidgewoodState
NJZip Code
07451

Purpose of Disbursement

011

Category/
Type

Candidate Name

Gottheimer, Joshua, S., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 05

FEC Identification Number

C C00573949

Transaction ID : 11307118

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Duckworth For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2022

Mailing Address PO Box 59568

City
SchaumburgState
ILZip Code
60159

Purpose of Disbursement

011

Category/
Type

Candidate Name

Duckworth, Tammy, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 08

FEC Identification Number

C C00498634

Transaction ID : 11307119

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 236 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Darren Soto For Congress

Mailing Address PO Box 421349

City
KissimmeeState
FLZip Code
34742

Purpose of Disbursement

011

Category/
Type

Candidate Name

Soto, Darren, Michael, Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2022

☐

Primary

☒

General

☐

Other (specify) ▼

State: FL

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	2		

FEC Identification Number

C C00581074**Transaction ID : 11307120**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bilirakis For Congress

Mailing Address PO Box 606

City
Tarpon SpringsState
FLZip Code
34688

Purpose of Disbursement

011

Category/
Type

Candidate Name

Bilirakis, Gus, M., Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2022

☒

Primary

☐

General

☐

Other (specify) ▼

State: FL

District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	2		

FEC Identification Number

C C00408534**Transaction ID : 11307121**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5445 Madison Avenue

City
SacramentoState
CAZip Code
95841

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thompson, Mike, , Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2022

☐

Primary

☒

General

☐

Other (specify) ▼

State: CA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	4			2	0	2	2		

FEC Identification Number

C C00326363**Transaction ID : 11307122**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 237 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Ashley Hinson For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2022

Mailing Address PO Box 811

City
MarionState
IAZip Code
52302

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hinson, Ashley, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IA

District: 01

FEC Identification Number

C C00706267

Transaction ID : 11307127

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dan Crenshaw For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2022

Mailing Address PO Box 430965

City
HoustonState
TXZip Code
77243

Purpose of Disbursement

011

Category/
Type

Candidate Name

Crenshaw, Daniel, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 02

FEC Identification Number

C C00660795

Transaction ID : 11307128

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ron Estes For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2022

Mailing Address PO Box 782952

City
WichitaState
KSZip Code
67278

Purpose of Disbursement

011

Category/
Type

Candidate Name

Estes, Ron, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District: 04

FEC Identification Number

C C00632067

Transaction ID : 11307129

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 238 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Lori Trahan For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2022

Mailing Address PO Box 1161

City
LowellState
MAZip Code
01853

Purpose of Disbursement

011

Category/
Type

Candidate Name

Trahan, Lori, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA

District: 03

FEC Identification Number

C C00655647

Transaction ID : 11307130

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lori Trahan For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2022

Mailing Address PO Box 1161

City
LowellState
MAZip Code
01853

Purpose of Disbursement

011

Category/
Type

Candidate Name

Trahan, Lori, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: MA

District: 03

FEC Identification Number

C C00655647

Transaction ID : 11307131

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lisa Murkowski For US Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2022

Mailing Address PO Box 100847

City
AnchorageState
AKZip Code
99510

Purpose of Disbursement

011

Category/
Type

Candidate Name

Murkowski, Lisa, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: AK

District:

FEC Identification Number

C C00384529

Transaction ID : 11307133

Amount of Each Disbursement this Period

4500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 239 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Lahood For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address P.O. Box 10735

FEC Identification Number

C C00575050**Transaction ID : 11312898**

Amount of Each Disbursement this Period

2500.00

☐ Memo ItemCity
PeoriaState
ILZip Code
61612

Purpose of Disbursement

011

Category/
Type

Candidate Name

LaHood, Darin, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Full Name (Last, First, Middle Initial)

B. Blumenauer For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address 901 Se Oak Street
Suite 105

FEC Identification Number

C C00307314**Transaction ID : 11312899**

Amount of Each Disbursement this Period

1000.00

☐ Memo ItemCity
PortlandState
ORZip Code
97214

Purpose of Disbursement

011

Category/
Type

Candidate Name

Blumenauer, Earl, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 03

Full Name (Last, First, Middle Initial)

C. Ted Lieu For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address 777 S. Figueroa St.
Suite 4050

FEC Identification Number

C C00556506**Transaction ID : 11312900**

Amount of Each Disbursement this Period

1000.00

☐ Memo ItemCity
Los AngelesState
CAZip Code
90017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lieu, Ted, W., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 33

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Salud Carbajal For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2022

Mailing Address PO Box 1290

FEC Identification Number

C C00576041**Transaction ID : 11312901**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

City

Santa Barbara

State

CA

Zip Code

93102

Purpose of Disbursement

011

Category/
Type

Candidate Name

Carbajal, Salud, , Rep.,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State: CA

District: 24

Full Name (Last, First, Middle Initial)

B. Larson For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2022

Mailing Address PO Box 261172

FEC Identification Number

C C00330142**Transaction ID : 11312902**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

City

Hartford

State

CT

Zip Code

06126

Purpose of Disbursement

011

Category/
Type

Candidate Name

Larson, John, B., Rep.,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2022

☐ Primary☒ General☐ Other (specify) ▼

State: CT

District: 01

Full Name (Last, First, Middle Initial)

C. Paul Tonko For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2022

Mailing Address 911 Central Avenue
221

FEC Identification Number

C C00450049**Transaction ID : 11312903**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

City

Albany

State

NY

Zip Code

12206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tonko, Paul, David, Rep.,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State: NY

District: 20

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 241 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Paul Tonko For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	2		

Mailing Address 911 Central Avenue
221City
AlbanyState
NYZip Code
12206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tonko, Paul, David, Rep.,

Office Sought:



House



Senate



President

Disbursement For: 2022



Primary



General



Other (specify) ▼

State: NY

District: 20

FEC Identification Number

C C00450049

Transaction ID : 11312904

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Motor City PAC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	2		

Mailing Address 611 Pennsylvania Avenue, SE
#143City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Peters LPAC

011

Category/
Type

Candidate Name

Office Sought:



House



Senate



President

Disbursement For:



Primary



General



Other (specify)

State:

District:

FEC Identification Number

C C00507574

Transaction ID : 11312905

Amount of Each Disbursement this Period

1000.00

Peters LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Diana For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	2		

Mailing Address PO Box 7208

City
KingsportState
TNZip Code
37664

Purpose of Disbursement

011

Category/
Type

Candidate Name

Harshbarger, Diana, , Rep.,

Office Sought:



House



Senate



President

Disbursement For: 2022



Primary



General



Other (specify) ▼

State: TN

District: 01

FEC Identification Number

C C00741090

Transaction ID : 11312906

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Moulton For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2022

Mailing Address PO Box 2013

City
SalemState
MAZip Code
01970

Purpose of Disbursement

011

Category/
Type

Candidate Name

Moulton, Seth, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: MA

District: 06

FEC Identification Number

C C00547240**Transaction ID : 11312907**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rodney For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2022

Mailing Address PO Box 344

City
TaylorvilleState
ILZip Code
62568

Purpose of Disbursement

011

Category/
Type

Candidate Name

Davis, Rodney, L., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL

District: 13

FEC Identification Number

C C00521948**Transaction ID : 11312910**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Kelly For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2022

Mailing Address PO Box 476

City
LyndoraState
PAZip Code
16045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kelly, Mike, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 16

FEC Identification Number

C C00474189**Transaction ID : 11312912**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends Of McCormick

Mailing Address PO Box 134

City
SuwaneeState
GAZip Code
30024

Purpose of Disbursement

011

Category/
Type

Candidate Name

McCormick, Richard, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼

2022 Georgia Primary

State: GA

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	2	2	2

FEC Identification Number

C C00706747**Transaction ID : 11312914**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Bill Posey

Mailing Address P. O. Box 411486

City
MelbourneState
FLZip Code
32941

Purpose of Disbursement

011

Category/
Type

Candidate Name

Posey, Bill, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify)

State: FL

District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	2	2	2

FEC Identification Number

C C00444968**Transaction ID : 11312917**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Julia Brownley For Congress

Mailing Address PO Box 2018

City
Thousand OaksState
CAZip Code
91358

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brownley, Julia, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 26

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	2	2	2

FEC Identification Number

C C00513077**Transaction ID : 11312918**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Jeffries For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	2		

Mailing Address 910 17th St Nw
Ste 925City
WashingtonState
DCZip Code
20006

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jeffries, Hakeem, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 08

FEC Identification Number

C C00503052

Transaction ID : 11312919

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Velvet Hammer PAC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	2		

Mailing Address PO Box 14362

City
St PaulState
MNZip Code
55114Purpose of Disbursement
Smith LPAC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00692111

Transaction ID : 11312921

Amount of Each Disbursement this Period

1500.00

Smith LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Terri Sewell For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	2		

Mailing Address PO Box 1964

City
BirminghamState
ALZip Code
35201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sewell, Terri, A., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: AL

District: 07

FEC Identification Number

C C00458976

Transaction ID : 11312922

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Michelle Steel For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	2		

Mailing Address 9070 Irvine Center Drive
Suite 150City
IrvineState
CAZip Code
92618

Purpose of Disbursement

011

Category/
Type

Candidate Name

Steel, Michelle, Eunjoo Park, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 48

FEC Identification Number

C C00704981**Transaction ID : 11312923**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens For Boyle

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	2		

Mailing Address PO Box 14310

City
PhiladelphiaState
PAZip Code
19115

Purpose of Disbursement

011

Category/
Type

Candidate Name

Boyle, Brendan, F., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 02

FEC Identification Number

C C00543363**Transaction ID : 11312924**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Judy Chu For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	0			2	0	2	2		

Mailing Address 16633 Ventura Blvd # 1008

City
EncinoState
CAZip Code
91436

Purpose of Disbursement

011

Category/
Type

Candidate Name

Chu, Judy, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 27

FEC Identification Number

C C00458125**Transaction ID : 11312926**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Virginia Foxx For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address PO Box 2676

City

Boone

State

NC

Zip Code

28607

Purpose of Disbursement

011

Category/
Type

Candidate Name

Foxx, Virginia, , Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2022

☐

Primary

☒

General

☐

Other (specify) ▼

State: NC

District: 05

FEC Identification Number

C

C00386748

Transaction ID : 11312927

Amount of Each Disbursement this Period

2500.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. Boozman For Arkansas

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address PO Box 671

City

Rogers

State

AR

Zip Code

72757

Purpose of Disbursement

011

Category/
Type

Candidate Name

Boozman, John, , Sen.,

Office Sought:

☐

House

☒

Senate

☐

President

Disbursement For: 2022

☐

Primary

☒

General

☐

Other (specify) ▼

State: AR

District:

FEC Identification Number

C

C00476317

Transaction ID : 11312928

Amount of Each Disbursement this Period

1000.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. Ron Johnson For Senate, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address PO Box 1159

City

Oshkosh

State

WI

Zip Code

54903

Purpose of Disbursement

011

Category/
Type

Candidate Name

Johnson, Ron, , Sen.,

Office Sought:

☐

House

☒

Senate

☐

President

Disbursement For: 2022

☒

Primary

☐

General

☐

Other (specify) ▼

State: WI

District:

FEC Identification Number

C

C00482984

Transaction ID : 11312930

Amount of Each Disbursement this Period

1000.00

☐

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

4500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Rand Paul For Us Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address PO Box 72928

City
NewportState
KYZip Code
41072

Purpose of Disbursement

011

Category/
Type

Candidate Name

Paul, Rand, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: KY

District:

FEC Identification Number

C C00496075

Transaction ID : 11312932

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Crapo For US Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address PO Box 1948

City
BoiseState
IDZip Code
83701

Purpose of Disbursement

011

Category/
Type

Candidate Name

Crapo, Mike, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: ID

District:

FEC Identification Number

C C00330886

Transaction ID : 11312934

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Families For James Lankford

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address PO Box 1639

City
BethanyState
OKZip Code
73008

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lankford, James, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: OK

District:

FEC Identification Number

C C00466482

Transaction ID : 11312935

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 248 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Tim Scott For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address 1405 Ashley River Rd

City
CharlestonState
SCZip Code
29407

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scott, Tim, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: SC

District:

FEC Identification Number

C C00540302

Transaction ID : 11312936

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Grassley Committee, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address PO Box 1000

City
Des MoinesState
IAZip Code
50304

Purpose of Disbursement

011

Category/
Type

Candidate Name

Grassley, Charles, E., Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: IA

District:

FEC Identification Number

C C00230482

Transaction ID : 11312937

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Mike Lee Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address PO Box 1537

City
Salt Lake CityState
UTZip Code
84110

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lee, Mike, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: UT

District:

FEC Identification Number

C C00473827

Transaction ID : 11312938

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 249 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends Of John Thune

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address PO Box 841

City
Sioux FallsState
SDZip Code
57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thune, John, R., Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: SD

District:

FEC Identification Number

C C00409581

Transaction ID : 11312939

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of John Thune

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address PO Box 841

City
Sioux FallsState
SDZip Code
57101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Thune, John, R., Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: SD

District:

FEC Identification Number

C C00409581

Transaction ID : 11312940

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hoeven For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address PO Box 861

City
BismarckState
NDZip Code
58502

Purpose of Disbursement

011

Category/
Type

Candidate Name

Hoeven, John, , Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: ND

District:

FEC Identification Number

C C00473371

Transaction ID : 11312942

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 250 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Moran For Kansas

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address PO Box 541

City
BellevilleState
KSZip Code
66935

Purpose of Disbursement

011

Category/
Type

Candidate Name

Moran, Jerry, , Sen.,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2022

☐ Primary☒ General☐ Other (specify) ▼

State: KS

District:

FEC Identification Number

C C00458315

Transaction ID : 11312943

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Free State PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address PO Box 2712
Suite 115City
TopekaState
KSZip Code
66601Purpose of Disbursement
Moran LPAC

011

Category/
Type

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State:

District:

FEC Identification Number

C C00455717

Transaction ID : 11312944

Amount of Each Disbursement this Period

5000.00

Moran LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Miller-Meeks For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Mailing Address PO Box 33

City
OttumwaState
IAZip Code
52501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Miller-Meeks, Mariannette, Jane, Rep.,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2022

☐ Primary☒ General☐ Other (specify) ▼

State: IA

District: 02

FEC Identification Number

C C00558825

Transaction ID : 11312945

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 251 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Duckworth For Congress

Mailing Address PO Box 59568

City
SchaumburgState
ILZip Code
60159Purpose of Disbursement
Void - Duckworth For Congress

011

Category/
Type

Candidate Name

Duckworth, Tammy, , ,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	31	/	2022

FEC Identification Number

C C00498634**Transaction ID : 11317395**

Amount of Each Disbursement this Period

- 5000.00

Void - Duckworth For Congress

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Great Lakes PAC

Mailing Address PO Box 1295

City
East LansingState
MIZip Code
48823Purpose of Disbursement
Stabenow LPAC

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	02	/	2022

FEC Identification Number

C C00375584**Transaction ID : 11317623**

Amount of Each Disbursement this Period

1000.00

Stabenow LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Van Drew For Congress

Mailing Address PO Box 671

City
Cape May Court HouState
NJZip Code
08210

Purpose of Disbursement

011

Category/
Type

Candidate Name

Van Drew, Jeff, , Rep.,Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	02	/	2022

FEC Identification Number

C C00661868**Transaction ID : 11317624**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 252 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Garbarino For Congress

Mailing Address PO Box 101

City
BayportState
NYZip Code
11705

Purpose of Disbursement

011

Category/
Type

Candidate Name

Garbarino, Andrew, R., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2			2	0	2	2		

FEC Identification Number

C C00729954**Transaction ID : 11317625**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Armstrong For CongressMailing Address 1515 Burnt Boat Drive
Box 112City
BismarckState
NDZip Code
58503

Purpose of Disbursement

011

Category/
Type

Candidate Name

Armstrong, Kelly, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: ND

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2			2	0	2	2		

FEC Identification Number

C C00670547**Transaction ID : 11317626**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jaime For Congress

Mailing Address PO Box 1614

City
RidgefieldState
WAZip Code
98642

Purpose of Disbursement

011

Category/
Type

Candidate Name

Herrera-Beutler, Jaime, L., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2			2	0	2	2		

FEC Identification Number

C C00472704**Transaction ID : 11317629**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 253 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Beth Van Duyne For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2022

Mailing Address PO Box 630167

FEC Identification Number

C C00714865**Transaction ID : 11317630**

Amount of Each Disbursement this Period

2500.00

☐ Memo ItemCity
IrvingState
TXZip Code
75063

Purpose of Disbursement

011

Category/
Type

Candidate Name

Van Duyne, Elizabeth, Ann, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 24

Full Name (Last, First, Middle Initial)

B. Pete Aguilar For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2022

Mailing Address PO Box 10954

FEC Identification Number

C C00510461**Transaction ID : 11317631**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

City

San Bernardino

State

CA

Zip Code

92423

Purpose of Disbursement

011

Category/
Type

Candidate Name

Aguilar, Pete, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 31

Full Name (Last, First, Middle Initial)

C. Texans For Jodey Arrington

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2022

Mailing Address PO Box 6687

FEC Identification Number

C C00588657**Transaction ID : 11317632**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

City

Lubbock

State

TX

Zip Code

79493

Purpose of Disbursement

011

Category/
Type

Candidate Name

Arrington, Jodey, Cook, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 19

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 254 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Mike Kelly For Congress

Mailing Address PO Box 476

City
LyndoraState
PAZip Code
16045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kelly, Mike, , Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

State: PA

District: 16

Disbursement For: 2022

☐

Primary

☒

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2			2	0	2	2		

FEC Identification Number

C C00474189**Transaction ID : 11317633**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sean Patrick Maloney For Congress

Mailing Address PO Box 270

City
NewburghState
NYZip Code
12550

Purpose of Disbursement

011

Category/
Type

Candidate Name

Maloney, Sean, Patrick, Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

State: NY

District: 18

Disbursement For: 2022

☒

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2			2	0	2	2		

FEC Identification Number

C C00512426**Transaction ID : 11317634**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carol For CongressMailing Address 228 S. Washington Street
Suite 115City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Miller, Carol, Devine, Rep.,

Office Sought:

☒

House

☐

Senate

☐

President

State: WV

District: 03

Disbursement For: 2022

☐

Primary

☒

General

☐

Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2			2	0	2	2		

FEC Identification Number

C C00653220**Transaction ID : 11317636**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Jimmy Panetta For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2022

Mailing Address PO Box 103

City
Carmel ValleyState
CAZip Code
93924

Purpose of Disbursement

011

Category/
Type

Candidate Name

Panetta, Jimmy, Varni, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 20

FEC Identification Number

C C00592154

Transaction ID : 11317637

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Todd Young, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2022

Mailing Address PO Box 3743

City
CarmelState
INZip Code
46082

Purpose of Disbursement

011

Category/
Type

Candidate Name

Young, Todd, Christopher, Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District:

FEC Identification Number

C C00459255

Transaction ID : 11317639

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CA LUV PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2022

Mailing Address 499 S Capitol Street

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Aguilar LPAC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00573709

Transaction ID : 11317640

Amount of Each Disbursement this Period

2500.00

Aguilar LPAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Jason Smith For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2			2	0	2	2		

Mailing Address PO Box 1324

City
Cape GirardeauState
MOZip Code
63702

Purpose of Disbursement

011

Candidate Name

Smith, Jason, T., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District: 08

FEC Identification Number

C C00541862

Transaction ID : 11317641

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kermit Jones For Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2			2	0	2	2		

Mailing Address PO Box 713

City
RosevilleState
CAZip Code
95661

Purpose of Disbursement

011

Candidate Name

Jones, Kermit, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 03

FEC Identification Number

C C00786087

Transaction ID : 11317642

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tammy For Illinois

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	2			2	0	2	2		

Mailing Address PO Box 10793

City
ChicagoState
ILZip Code
60610

Purpose of Disbursement

011

Candidate Name

Duckworth, L. Tammy, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District:

FEC Identification Number

C C00574889

Transaction ID : 11317643

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 257 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Greater Tomorrow Political Action Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2022

Mailing Address 600 Pennsylvania Avenue, SE Ste 3

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Thompson LPAC

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00526715

Transaction ID : 11323486

Amount of Each Disbursement this Period

1500.00

Thompson LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2022

Mailing Address PO Box 12667

City
BakersfieldState
CAZip Code
93389

Purpose of Disbursement

011

Category/
Type

Candidate Name

McCarthy, Kevin, , Rep.,

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022 ☐ Primary ☒ General
☐ Other (specify)

State: CA District: 23

FEC Identification Number

C C00420935

Transaction ID : 11323487

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doggett For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2022

Mailing Address PO Box 5843

City
AustinState
TXZip Code
78763

Purpose of Disbursement

011

Category/
Type

Candidate Name

Doggett, Lloyd, , Rep., II

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2022 ☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 35

FEC Identification Number

C C00286500

Transaction ID : 11323488

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 258 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Mark Kelly For Senate

Mailing Address PO Box 27202

City
TucsonState
AZZip Code
85726

Purpose of Disbursement

011

Category/
Type

Candidate Name

Kelly, Mark, Edward, Sen.,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State: AZ

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	2	2		

FEC Identification Number

C C00696526**Transaction ID : 11323489**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Warnock For Georgia

Mailing Address PO Box 52227

City
AtlantaState
GAZip Code
30355

Purpose of Disbursement

011

Category/
Type

Candidate Name

Warnock, Raphael, Gamaliel, Sen.,

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2022

☐ Primary☒ General☐ Other (specify)

State: GA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	2	2		

FEC Identification Number

C C00736876**Transaction ID : 11323490**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Don Beyer

Mailing Address 1751 Potomac Greens Drive

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Beyer, Don, S., Rep., Jr.

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State: VA

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	2	2		

FEC Identification Number

C C00555888**Transaction ID : 11323491**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Friends Of Don Beyer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2022

Mailing Address 1751 Potomac Greens Drive

City
AlexandriaState
VAZip Code
22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

Beyer, Don, S., Rep., Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: VA

District: 08

FEC Identification Number

C C00555888

Transaction ID : 11323492

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angie Craig For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2022

Mailing Address P.O. Box 22116

City
EaganState
MNZip Code
55122

Purpose of Disbursement

011

Category/
Type

Candidate Name

Craig, Angela, Dawn, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: MN

District: 02

FEC Identification Number

C C00575209

Transaction ID : 11323493

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jimmy Panetta For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2022

Mailing Address PO Box 103

City
Carmel ValleyState
CAZip Code
93924

Purpose of Disbursement

011

Category/
Type

Candidate Name

Panetta, Jimmy, Varni, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 20

FEC Identification Number

C C00592154

Transaction ID : 11323494

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Haley Stevens For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2022

Mailing Address 33717 Woodward Ave
#539City
BirminghamState
MIZip Code
48009

Purpose of Disbursement

011

Category/
Type

Candidate Name

Stevens, Haley, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 11

FEC Identification Number

C C00638650**Transaction ID : 11323495**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Higgins For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2022

Mailing Address PO Box 28

City
BuffaloState
NYZip Code
14220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Higgins, Brian, M., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 26

FEC Identification Number

C C00401034**Transaction ID : 11323496**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2022

Mailing Address PO Box 3176

City
Long BranchState
NJZip Code
07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pallone, Frank, , Rep., Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ

District: 06

FEC Identification Number

C C00226928**Transaction ID : 11323497**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 261 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Rosen For Nevada

Mailing Address PO Box 27195

City
Las VegasState
NVZip Code
89126

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rosen, Jacklyn, S., Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	2	2		

FEC Identification Number

C C00606939**Transaction ID : 11323498**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Six PAC

Mailing Address PO Box 183

City
HudsonState
WIZip Code
54016Purpose of Disbursement
Miller-Meeks LPAC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	2	2		

FEC Identification Number

C C00770255**Transaction ID : 11323499**

Amount of Each Disbursement this Period

2500.00

Miller-Meeks LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Debbie Lesko For Congress

Mailing Address PO Box 45388

City
PhoenixState
AZZip Code
85064

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lesko, Debbie, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	2	2		

FEC Identification Number

C C00663914**Transaction ID : 11323500**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Courtney Geels For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	13	/	2022

Mailing Address PO Box 995

City
HillsboroughState
NCZip Code
27278

Purpose of Disbursement

011

Category/
Type

Candidate Name

Geels, Courtney, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District: 04

FEC Identification Number

C C00790329**Transaction ID : 11323501**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kermit Jones For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	13	/	2022

Mailing Address PO Box 713

City
RosevilleState
CAZip Code
95661

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jones, Kermit, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 03

FEC Identification Number

C C00786087**Transaction ID : 11323502**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Next Century Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	13	/	2022

Mailing Address 116 South Royal Street

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Burr LPAC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00343947**Transaction ID : 11323503**

Amount of Each Disbursement this Period

500.00

Burr LPAC

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 263 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Dakota PAC

Mailing Address PO Box 3206

City
BismarkState
NDZip Code
58502Purpose of Disbursement
Hoeven LPAC

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	2	2		

FEC Identification Number

C C00493072

Transaction ID : 11323504

Amount of Each Disbursement this Period

500.00

Hoeven LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ted Budd For Senate

Mailing Address PO Box 97127

City
RaleighState
NCZip Code
27624

Purpose of Disbursement

011

Category/
Type

Candidate Name

Budd, Theodore, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	2	2		

FEC Identification Number

C C00614776

Transaction ID : 11329804

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andy Harris For Congress

Mailing Address PO Box 426

City
StevensvilleState
MDZip Code
21666

Purpose of Disbursement

011

Category/
Type

Candidate Name

Harris, Andy, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	2	2		

FEC Identification Number

C C00435974

Transaction ID : 11330022

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 264 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Cleaver For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2022

Mailing Address P.O.Box 411872

City
Kansas CityState
MOZip Code
64141

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cleaver, Emanuel, , Rep., II

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District: 05

FEC Identification Number

C C00395848

Transaction ID : 11330023

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Neal Dunn

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2022

Mailing Address PO Box 16088

City
Panama CityState
FLZip Code
32406

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dunn, Neal, , Rep., MD

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 02

FEC Identification Number

C C00582304

Transaction ID : 11330024

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dutch Ruppersberger For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2022

Mailing Address PO Box 231

City
LuthervilleState
MDZip Code
21094

Purpose of Disbursement

011

Category/
Type

Candidate Name

Ruppersberger, C.A., Dutch, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD

District: 02

FEC Identification Number

C C00376673

Transaction ID : 11330025

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 265 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Chris Pappas For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2022

Mailing Address PO Box 313

City
ManchesterState
NHZip Code
03105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Pappas, Chris, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH

District: 01

FEC Identification Number

C C00660464

Transaction ID : 11330042

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Building America's Republican Representation (BARR PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2022

Mailing Address 402 S Capitol St, SE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Barr LPAC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00572271

Transaction ID : 11330101

Amount of Each Disbursement this Period

2500.00

Barr LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cartwright For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2022

Mailing Address PO Box 414

City
ScrantonState
PAZip Code
18501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Cartwright, Matt, A., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 08

FEC Identification Number

C C00509968

Transaction ID : 11330102

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 266 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. First in Freedom PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2022

Mailing Address 824 S Milledge Ave
Suite 101City
AthensState
GAZip Code
30605Purpose of Disbursement
Hudson LPAC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00540146

Transaction ID : 11330103

Amount of Each Disbursement this Period

2500.00

Hudson LPAC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Texans For Ronny Jackson

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2022

Mailing Address PO Box 53058

City
AmarilloState
TXZip Code
79159

Purpose of Disbursement

011

Category/
Type

Candidate Name

Jackson, Ronny, Lynn, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 13

FEC Identification Number

C C00730531

Transaction ID : 11330104

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Monica De La Cruz Hernandez For Us Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2022

Mailing Address 1317 West Frontage Road
Suite CCity
AlamoState
TXZip Code
78516

Purpose of Disbursement

011

Category/
Type

Candidate Name

De La Cruz, Monica, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 15

FEC Identification Number

C C00723072

Transaction ID : 11330106

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

336000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 267 OF 268

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. David, Tal, S, , MD,FAAOS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2022

Mailing Address 5165 Rancho Quinta Bend

City
San DiegoState
CAZip Code
92130Purpose of Disbursement
Refund of Contribution

010

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 11313640

Amount of Each Disbursement this Period

1000.00

Refund of Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

☐
Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

☐
Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

1000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 268 OF 268
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00343137 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Sagac Public Affairs			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 316 NW 61st Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div>		
City Oklahoma City		State OK	Zip Code 73118	Transaction ID : 11310731 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Digital Ads		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>			
Name of Federal Candidate: Olszewski, Al, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
City		State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"></div>			
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Igram, M, , Cassim, MD,FAAOS

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

FEC Schedule E (Form 3X) Rev. 05/2016